

Fall 2012

Jefferson Alumni Bulletin – Volume 61, Number 4, Fall 2012

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"Jefferson Alumni Bulletin – Volume 61, Number 4, Fall 2012" (2012). *Jefferson Medical College Alumni Bulletin*. Paper 298.

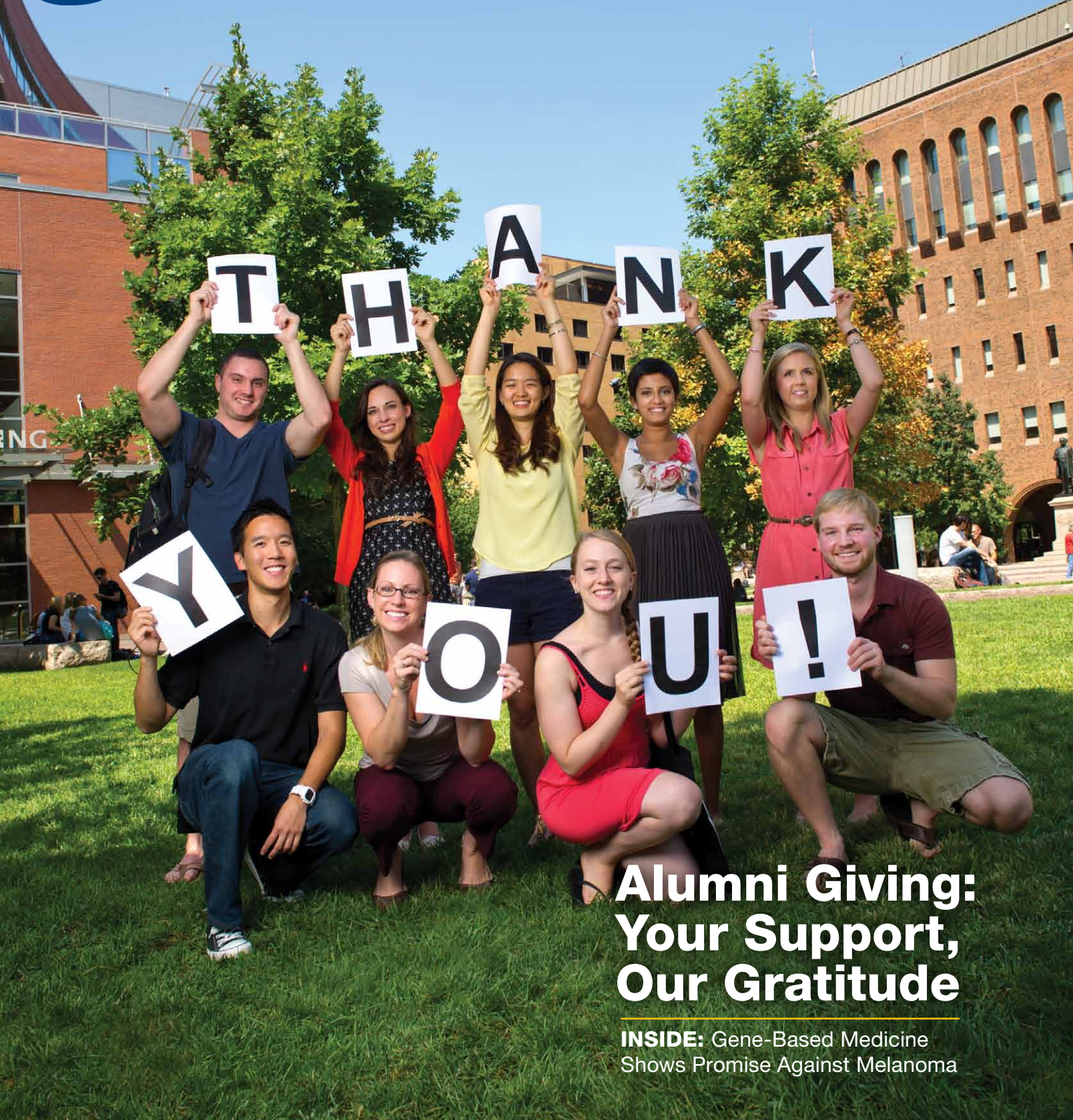
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Jefferson

ALUMNI BULLETIN

JEFFERSON MEDICAL COLLEGE • THOMAS JEFFERSON UNIVERSITY • FALL 2012



Alumni Giving: Your Support, Our Gratitude

INSIDE: Gene-Based Medicine
Shows Promise Against Melanoma



WHAT EVERY HEALTHCARE PROFESSIONAL SHOULD KNOW:

A GENERAL MEDICAL UPDATE

FEBRUARY 1 – 6, 2013

Viceroy Snowmass, Snowmass Village, Colorado

Spend a week at beautiful Snowmass Village with Jefferson faculty for the Annual Alumni Winter Meeting. Renowned experts from several specialties will present “What Every Healthcare Professional Should Know: A General Medical Update.”

Physicians who have been in practice are expected to maintain their board certification within their specialties through ABMS processes. In addition, the public expects them to maintain an up-to-date fund of their general knowledge as they may be called upon in a variety of situations to provide advice or care outside of their normal practices.

TOPICS INCLUDE:

Raft Debate: Drinking from the Fountain of Youth
The Gut
Surgery on the Cutting Edge
Coronary Artery Disease
Hematology/Oncology
Transplant in the 3rd Millennium
Neurology
Special Lectures

REGISTRATION FEE:

\$650 fee covers
All education sessions and CME Fees
Welcome Reception on Friday, February 1
Breakfast each morning
Afternoon snacks
Group dinner for two
(additional guests may attend
the dinner for \$100 per person)

Register Online: <http://jeffline.jefferson.edu/jeffcme/AlumniCME>

Jefferson Medical College of Thomas Jefferson University is accredited by the ACCME to provide continuing medical education for physicians. Jefferson Medical College designates this live activity for a maximum of **16.0 AMA PRA Category 1 Credit(s)**.[™] Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For questions regarding CME, contact the JMC Office of CME at 1-888-JEFF-CME.
Other questions, please call the Jefferson Foundation at 215-955-9100.

VICEROY SNOWMASS

Reservations are accepted until December 15. To book guest rooms, please contact the hotel directly at 877-235-7577 or online at reservations@viceroysnowmass.com. Ask for the “Thomas Jefferson Alumni Group” rate.

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Jefferson Alumni Bulletin
Fall 2012
Volume 61, Number 4

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Quarterly magazine published
continuously since 1922

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The Jefferson community and supporters are
welcome to receive the *Alumni Bulletin* on a
regular basis; please contact the address
above. Postmaster: send address changes
to the address above. ISSN-0021-5821

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On the cover: Pictured on the cover are, top row, Doug Adams, Erica Braun, Christine Chang, Aureen Baksh and Elizabeth Seasholtz; bottom row, Ho-hin Choy, Erin McDermott, Stephanie Bernard and Chris Frymoyer. The group includes JMC students who have received scholarship support. Photo by Ed Cunicelli.

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The Dean's Column

Life experiences define our students. Some come through our doors with records of accomplishment already in place — Peace Corps, Olympics, much else. Experiences lay the groundwork for future leadership and mesh nicely with what we at Jefferson aspire for them — to become the medical leaders of tomorrow. It seems only appropriate for an institution that itself has been recognized as a leader for 188 years — in medical education, scientific advancement and health care — to aspire for leadership for its trainees.

Our students mature while they are here and emerge as outstanding alumni, with personal histories that speak to excellence and leadership. Most recently, Marjorie Bowman, MD '76, was named dean of the Wright State University Boonshoft School of Medicine. She joins four other esteemed alumni — Barbara Atkinson, MD '74 (Kansas University School of Medicine); Thomas Nasca, MD '75 (JMC); Stephen Slogoff, MD '67 (Loyola University Stritch School of Medicine); and Robert Evans, MD '52 (University of Illinois College of Medicine at Rockford) — who went on to become deans of medical schools in this country.

Current students continue in this tradition. Schweitzer Fellow Gordon Crabtree, a third-year student, devotes his time and skills during medical school to help underserved communities. Two fourth-year students stand out: Alyssa Perez, president of the Alpha Omega Alpha Medical Honor Society, has led efforts in an AIDS clinic, and Alexandria Columbus volunteers for Teach for America. Across impressively diverse extramural settings, they and many other students have already distinguished themselves as leaders. They are the future, and they will join the cadre of our alumni, leading their communities at state and national levels.

I am committed to ensuring that we provide the next generation of leaders every opportunity to prepare for the future here at Jefferson. Last spring, we launched the JMC Student Leadership Forum — an innovative program designed to identify and nurture a talented and diverse group

of leaders among the student body. The Forum lectures and interactive sessions encourage participants to explore the qualities that make for strong leadership, while they — tomorrow's leaders — reach for their own personal leadership goals. We anticipated having 10 to 15 self-nominated Class of 2014 students in the first Forum group, yet we received three times as many applications — evidence that our students are broadly thinking about leadership. While we were not able to accommodate all who applied for the program, we intend to coordinate outside speakers and develop other programming that cultivates leadership training for all of our students.

Over time, the interactive Forum program will cover basic skills, such as communication, time management and networking, and expose participants close up to national leaders in selected medical fields. Select readings will touch on leadership in its varied dimensions — and not just in the realm of medicine. The first reading assignment for our first Forum group was *Where Good Ideas Come From: The Natural History of Innovation*, by Steven Johnson, a book choice meant to convey to them the notion that strong leadership is deeply rooted in innovative thinking. In a series of four mid-day sessions with this first Forum group last spring, I probed with them the determinants of innovation, at the same time taking advantage of our time together to strengthen their communication skills and to relay the all-important *Pyramid Principle of Communication* (which I've assimilated from my McKinsey-trained wife). I must admit that this "getting back into the classroom" experience has been especially fun for me — a little diversion from the rigors of Jefferson's business enterprise!

Feedback to date has been encouraging: *"Our discussions have sought to introduce a new way of thinking, synthesizing information and succinctly communicating to and engaging a team. My goals are to hone my leadership skills, expand on my strengths and identify my areas of weakness."* — Christina Costantino

"After less than one year in the program, I have already realized the tremendous impact of the JMC Student Leadership Forum on my leadership capabilities. From the way that I approach problems and conduct myself in groups to my future careers aspirations, many of my current leadership qualities and future goals have been molded by this program." — Erik Kelly

The curriculum will evolve as the program matures. We are about to launch the second year of the Forum, which will include sessions on generational differences and conflict management. Participants will now also have the opportunity to link with a mentor. Those of us who have been fortunate to have had mentors in our lives know just how life changing this sort of relationship can be. One of my own key mentors was Michael Lamm, a world-class immunologist who pioneered the field of secretory immunity. My four months of research elective in his laboratory, as a fourth-year medical student, ultimately translated into a decision to do research fellowship training at the National Institutes of Health and a career in molecular immunology. As fate would have it, my first faculty appointment was in the pathology department Michael Lamm was then chairing at Case Western Reserve University. He opened my eyes to the ways of the medical academic world and helped illuminate for me the way one can craft a research career within it.

What better role model could I possibly have had? I see this Student Leadership Forum program as a way to share the opportunity I had with the succeeding generation of leaders, albeit in a more structured way. As they seek leadership roles in their careers, their Jefferson experience should serve our students well and, in the process, bring honor to their alma mater.

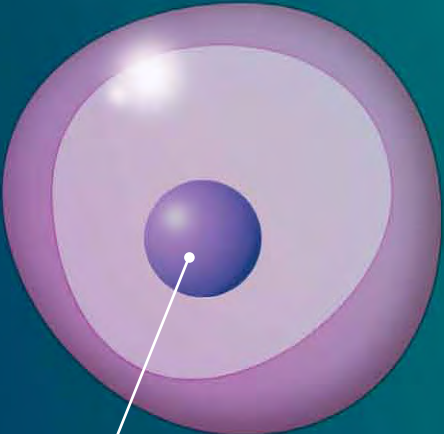


Mark L. Tykocinski, MD
Anthony F. and Gertrude M. DePalma Dean
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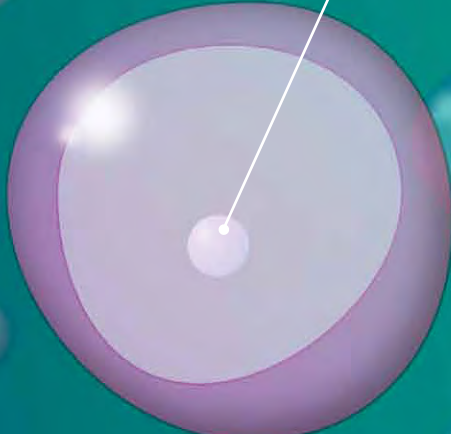
“Those of us who have been fortunate to have had mentors in our lives know just how life changing this sort of relationship can be.”



Findings



Normal cells containing the **RB protein** functioning correctly, which results in regular cell reproduction and inhibits proliferation.



Mutated cells that have lost the **RB protein**. When this occurs, cell proliferation is increased.

Breast Cancer Tumors Lacking RB Protein Function Respond Better to Neoadjuvant Chemotherapy

Prospective clinical trial initiated

Breast cancer patients whose tumors lack the retinoblastoma tumor suppressor gene (RB) have an improved pathological response to neoadjuvant chemotherapy, a multidisciplinary team of researchers at Jefferson and the Kimmel Cancer Center has discovered.

Many breast cancer patients undergo neoadjuvant therapy to reduce the size or extent of the cancer before surgical intervention. Complete response of the tumor to this treatment signifies an improved overall prognosis. Today, no marker is applied to identify tumors that will respond to such treatment — and as a result, only a subset of patients exhibit benefit from it.

“We found that loss of RB was associated with better pathological response

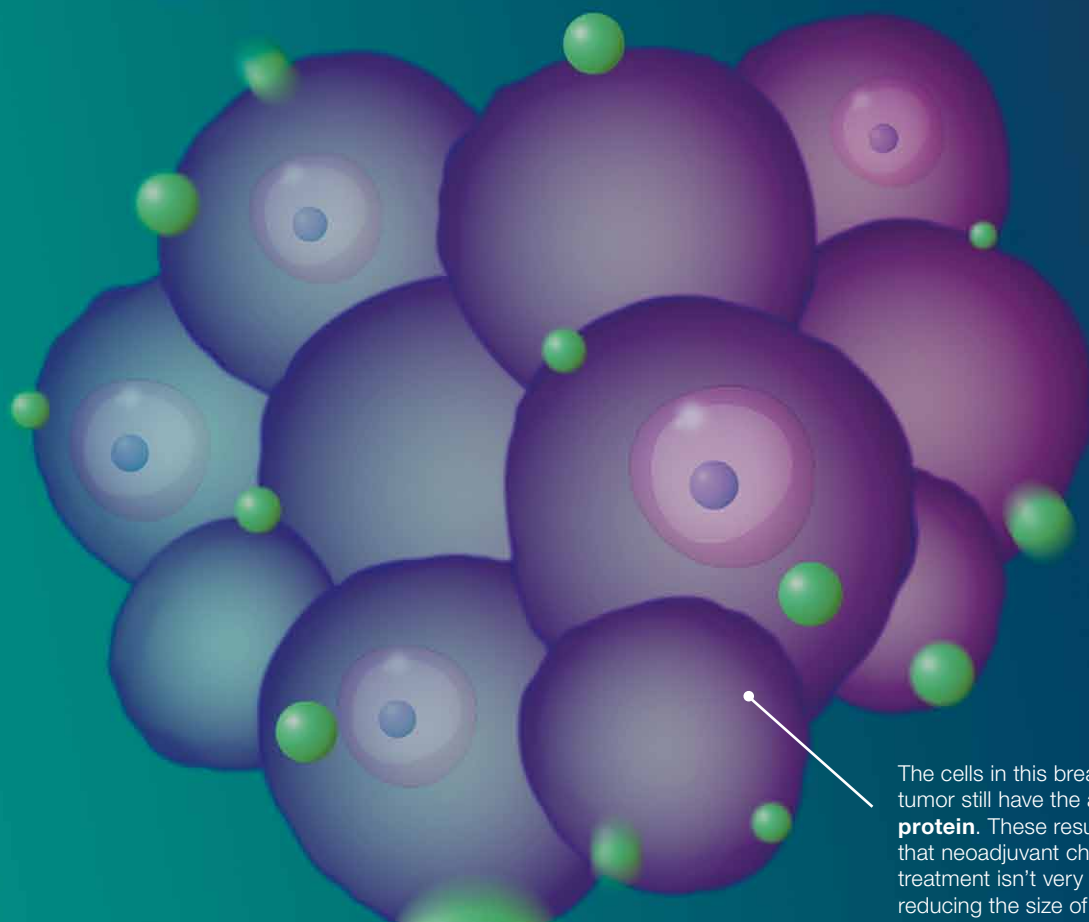
rates in breast cancer patients — at various stages and representing multiple molecular subtypes — who were administered neoadjuvant chemotherapy,” said Agnieszka Witkiewicz, MD, associate professor of pathology, anatomy and cell biology.

For the study, researchers — including Gordon Schwartz, MD, director of the Jefferson Breast Care Center, and Adam Ertel, PhD, bioinformatics specialist in the Department of Cancer Biology — performed a combination of gene expression profiling to identify those with RB loss and direct histological analysis in more than 1,000 breast cancer patients who had undergone neoadjuvant therapy. These patients represented distinct subtypes of breast

cancer and were treated with multiple different therapeutic regimens.

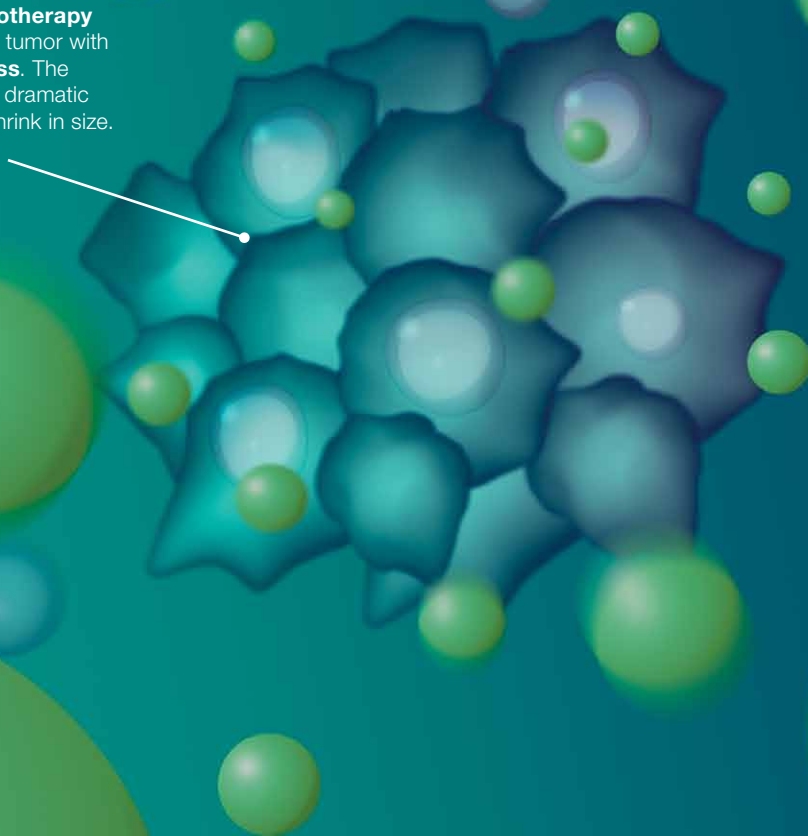
RB loss was associated, the team found, with an improved response to all the neoadjuvant regimens investigated in the major subtypes of breast cancer.

“Together, these data indicate that the loss of RB, which occurs relatively frequently in locally advanced disease, could be a useful tool for defining patients who experience an improved response to neoadjuvant chemotherapy,” Witkiewicz said. “Based on these findings, we have initiated a prospective clinical trial at Jefferson, evaluating the association of RB and another marker, PTEN, with the response to neoadjuvant chemotherapy.” ■



The cells in this breast cancer tumor still have the active **RB protein**. These results show that neoadjuvant chemotherapy treatment isn't very effective in reducing the size of the tumor.

Neoadjuvant chemotherapy treatments attack the tumor with cells that have **RB loss**. The response has a more dramatic effect, causing it to shrink in size.





Kendra Feeney, MD, stands with melanoma patient James Gillin, who tried many treatment options before finally seeing results with Zelboraf.

Photo by Ed Cunicelli

MELANOMA:

Personalized Medicine's Latest Poster Child

By Karen L. Brooks

The mole on his stomach had been there as long as he could remember. But over time, James Gillin noticed that it became raised, changed color and was no longer symmetrical.

He went to see his dermatologist, who discovered not only that Gillin had melanoma but that the disease had started to spread. "I got my diagnosis in September 2008, and over the next three years, I tried everything," says Gillin, 57.

"Everything" included multiple surgeries, chemotherapy, interleukin-2 infusions — which activate the immune system — and finally, radiation. None of these produced the tumor-shrinking results he had hoped for, and some brought side effects so harsh he had to halt treatment. Then, in fall 2011, Gillin learned that the U.S. Food and Drug Administration had recently approved a new drug for metastatic melanoma patients — and that Jefferson was the first academic health center to offer it.

The drug, vemurafenib — marketed as Zelboraf by Roche — is part of a recent series of advances in the personalization

of melanoma treatment and specifically blocks the effect of a mutation in a gene called BRAF, or B-type Raf kinase. The mutation, BRAF V600E, is found in about half of melanoma cases and stimulates tumor growth.

Through Zelboraf's companion diagnostic test, which Jefferson was also the first academic institution to offer, Gillin discovered that he had the mutation and was therefore eligible to try the new drug. He began treatment in January 2012 and is still taking Zelboraf today — and his cancer has stopped progressing.

"Melanoma has always been a very chemo- and radiation-resistant disease. Response to these standard therapies has been low until Zelboraf, for which response rates approach 70 percent," says Kendra J. Feeney, MD, assistant professor of medical oncology at Jefferson and Gillin's oncologist. "These results are unheard of with melanoma. We've never seen a drug with this kind of success."

New treatments on the market

If diagnosed early, melanoma can usually be cured through surgical removal of a skin lesion. Once the disease spreads to other parts of the body, however, it becomes very hard to treat and kills about 85 percent of its victims within five years, according to the American Cancer Society. That means melanoma causes more than 9,000 deaths across the United States every year.

But recent news brings hope to late-stage melanoma patients. In August 2011, after a long lull in the development of new therapies, two new drugs received regulatory approval. Neither promises a permanent cure, but both extend patients' lives.

One of the drugs, ipilimumab, marketed as Yervoy by Bristol-Myers Squibb, helps the body's immune system attack the

cancer and can be used by virtually any melanoma patient. The other is Zelboraf — the drug that only helps patients with the BRAF mutation, like Gillin.

"It is very important to us at Jefferson that we offer patients a personalized approach, starting with the pathology of their diseases all the way through their treatment," says Stephen C. Peiper, MD, the Peter A. Herbut Professor and Chair of the Department of Pathology, Anatomy and Cell Biology.

"Melanoma is deadly, and the new diagnostic tool allows us to quickly and accurately pre-select patients who are going to respond to this treatment. Having treatments that aren't hit and miss is invaluable. This is the direction in which medicine is heading," Peiper says.

The median life expectancy for patients with melanoma that has spread is six to 10 months. For patients using Zelboraf, the survival rate increases to 16 months, and many patients are far surpassing that.

"Patients are living longer and experiencing a higher quality of life," Feeney says. "The patients who need to see a response very quickly in order to survive, this provides that. You see the disease start to melt within days or weeks, and we've never had that before."

Zelboraf can restore faith in patients who have failed standard treatment, like Gillin. A rarity among cancer therapies, it works just as well in people who have tried and been let down by other treatments as it does in those who receive the drug right off the bat.

"Amazing is not a strong enough word to describe this drug," Gillin says. It's what's keeping me going. I am still able to work; I am holding my own. Without it, who knows where I'd be?"

STORY SUMMARY

- After decades without any new treatments for late-stage melanoma, the FDA approved two last year.
- Jefferson was the first academic health institution to offer Zelboraf, a drug that blocks a specific gene mutation found in half of metastatic melanoma patients, and the companion diagnostic test that identifies the mutation.
- Experts predict a slew of new targeted therapies for melanoma in the future, with additional personalized treatments already in the pipeline.

Far from perfect

The treatment is not without its problems. The majority of Zelboraf users develop resistance over time, with their cancer cells mutating slightly and ceasing to serve as a target.

And blocking BRAF can cause side effects, particularly secondary skin cancers, which are less serious than melanoma and can be removed but are, of course, undesirable.

Zelboraf is also expensive, as Gillin can attest firsthand.

"I've been on Zelboraf since January 2012, but actually, I started taking it in October 2011. I found out I didn't qualify for financial assistance I thought I had, and my first co-pay was \$4,300 for one month, so I had to stop," he says. "Luckily, I was able to change health plans, so I started taking it again and now pay about \$85 per month."

According to Roche, Medicare and private insurance cover the drug, with a typical six-month course of treatment totaling between \$56,000 and \$61,000. The company operates a co-pay assistance program, and financial support is also available through several independent nonprofit organizations.

"I have not had anybody flat-out be refused the drug. The biggest barrier is a matter of whether a patient's particular insurance plan has a significant co-pay," Feeney says. "I always have patients fill out forms for co-pay assistance right there during their appointments."

On the horizon

Zelboraf might be the only targeted melanoma therapy on the market right now, but other drugs are in the pipeline. At the American Society of Clinical Oncology Annual Meeting in spring 2012, GlaxoSmithKline shared results from a clinical trial involving trametinib, its new pill also meant for patients with the BRAF mutation.

Trametinib blocks a protein called MEK, found just downstream from BRAF in the sequence of signals promoting tumor growth. The trametinib trial included patients with advanced melanoma who received either that drug or one of two chemotherapy drugs, and trametinib kept the disease at bay longer than chemotherapy did.

Patients who started out with chemotherapy but switched to trametinib once

their disease began to worsen also fared well on the drug, which could present an attractive alternative to Zelboraf since blocking MEK does not cause the secondary skin cancers associated with blocking BRAF.

Glaxo is also working on its own BRAF inhibitor, called dabrafenib, and is in the process of pursuing FDA approval for both drugs.

Looking forward

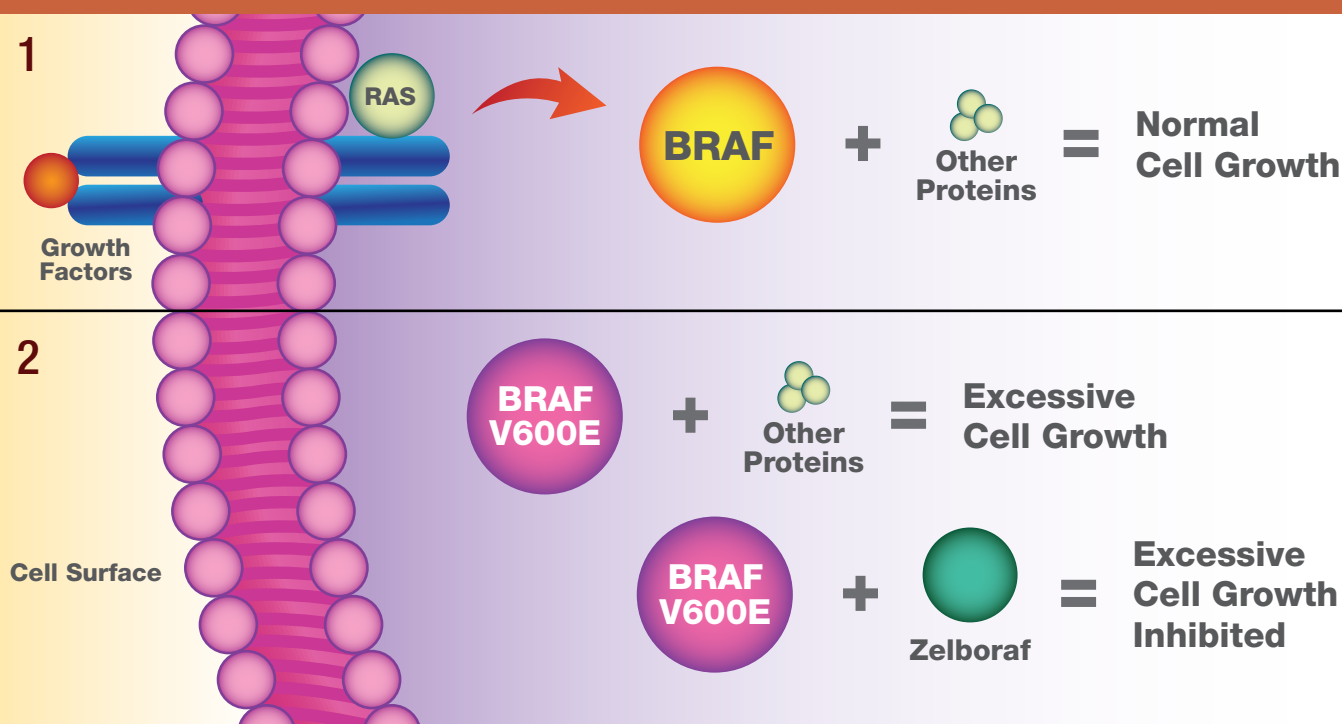
As recently as two years ago, the greatest opportunities for late-stage melanoma patients involved participating in clinical trials for experimental therapies. Now, new treatments are on the market, and additional drugs are expected soon. Physicians are, perhaps for the first time, seeing ways to gain some control over a devastating disease.

"After decades of no new FDA-approved drugs for melanoma, in 2011 there were two. There's a lot of interest in this field right now, and I suspect that there will be further improvements to targeted therapies," says Andrew E. Aplin, PhD, professor in Jefferson's Department of Cancer Biology, whose lab has been studying BRAF for the past 10 years.

The BRAF Signaling Pathway

1) In normal cells, growth factors bind to receptors on the cell surface, activating a protein called RAS. This leads to the activation of a series of other proteins within the cell, beginning with BRAF. The signal ultimately reaches the nucleus, where it turns on genes controlling cell growth and survival.

2) In cells with the BRAF V600E mutation, growth signals are sent into the cell constantly, regardless of whether growth factors are present. This can drive cancer growth. Vemurafenib works by inhibiting the mutant BRAF V600E protein.



“These advances have been enabled by genome sequencing... Thanks in part to genetic research, targeted treatments are being developed and patients are living longer. New treatment options in melanoma are an example of personalized medicine that is already happening now.”

– Andrew E. Aplin, PhD

Aplin says some of the most exciting research could come from examining what kinds of effects the new therapies have when used together or in sequences. Early results from some trials suggest that BRAF inhibitors like Zelboraf and MEK inhibitors like trametinib can work together, and another combination trial is testing Zelboraf in conjunction with Yervoy.

“We can also start to look at using these drugs in the early setting, as opposed to treating late-stage patients. And we can take the individual drugs and try to improve them by targeting the resistance pathways or by getting better initial cytotoxicity,” Aplin says. “My group has been looking preclinically at mechanisms of resistance, and I think that will inform future clinical trials.”

Much of the recent progress in treating melanoma can be attributed to one thing: the Human Genome Project. By working to decode the human genome and enabling a better understanding of DNA’s complexities, scientists have opened countless doors for new therapies tailored to specific patient populations.

“The advances like Zelboraf and now trametinib have been enabled by genome sequencing. This movement started because a decade ago, sequencing data showed that there were often BRAF mutations in melanoma cases,” Aplin says.

“Thanks in part to genetic research, targeted treatments are being developed and patients are living longer. New treatment options in melanoma are an example of personalized medicine that is already happening now.” ■



Protecting the Young, Yourself and Your Patients

Fair-skinned men over 50 have long been the most likely demographic to receive a melanoma diagnosis, but the disease has begun surging among adults ages 18 to 39. A Mayo Clinic study released in April 2012 showed an eightfold increase among young women and a fourfold increase among young men over the last four decades.

Many physicians attribute the jumps to the use of indoor tanning beds and booths — particularly among women, who make up three-quarters of tanning salon clientele.

The Centers for Disease Control and Prevention estimates that 65 to 90 percent of melanoma cases are caused by exposure to ultraviolet light. Bad sunburns can lead to the disease, and so can the rays emitted in indoor tanning facilities, whose popularity swells after summer transitions into fall.

CDC data showing that 10 percent of 14-year-olds, 12 percent of 15-year-olds and 15 percent of 16-year-olds have visited tanning salons has sparked a movement to limit minors’ access to these facilities. California is the only state that flat-out bans tanning for anyone under 18, but 31 states have laws banning children of a certain age or at least insisting on parental permission. In June, New York became the latest state to enact a ban, ruling that children under 16 cannot use indoor tanning beds.

“Enforcing these kinds of laws is hard, but younger people don’t always have the knowledge they need to make informed decisions. Parental involvement is important. Minors should, at a minimum, have their parents’ permission before tanning,” says Jason B. Lee, MD ’93, clinical vice chair of Jefferson’s Department of Dermatology and Cutaneous Biology.

Assessing risks

Although melanoma is on the rise among young people, the disease can strike anyone at any age. Remind your patients to take note of their exposure to ultraviolet light, and tell those who have fair skin, many or irregular moles, a family history of melanoma or are taking medicines that suppress the immune system to be extra cautious.

“Minimize your sun exposure,” Lee advises. “The biggest mistake people make is not putting on sunscreen enough. Don’t just put on a lot at once and be done with it. You need to reapply, and reapply often.”

To help patients further control their risk, remember to tell them to:

- Examine their bodies for new spots. Visit a dermatologist for a full-body screening every year, and scan moles and freckles at home monthly.
- Be wary of moles that change shape, texture or color or that bleed (they shouldn’t). Make a doctor’s appointment as soon as something seems off.
- Use sunscreen every day, sunny or overcast.
- Wear hats that shade their ears, a common site for squamous and basal cell carcinoma.



Getting a **Head Start** on Treating Migraines

By Gail Luciani

STORY SUMMARY

- Half the people who suffer from migraines don't know that's what they have.
- A study shows that 80 percent of neurologists suffer from migraines.
- A comprehensive evaluation is critical to relieving migraine pain because treatment varies by patient.
- Jefferson researchers are investigating the mechanism of action for the blockage of changes in the brain that induce the hypersensitivity to pain, light and sound during a migraine attack.

Headaches, and treatments

for them, have been around as long as humans have. Ancient Egyptians suffering from headaches may have been advised to tie a clay crocodile to their heads with a strip of linen for pain relief. And this might have helped — the procedure compressed the scalp and collapsed the blood vessels that were causing pain.

Today, more people complain about headaches than any other medical ailment, with approximately 45 million complaints in the United States alone each year. While tension headaches are the most common, the most frequent disabling, recurring headaches are migraines, suffered by more than 16 percent of the population.

“As common as these headaches are, half of the people who suffer from migraines don’t know that’s what it is,” says Stephen D. Silberstein, MD, professor of neurology and director of the Jefferson Headache Center. “It’s one of the reasons they don’t seek migraine-specific treatment.” In fact, Silberstein suffered from migraines himself but didn’t realize it until he began to study them after becoming a neurologist. “I was a little surprised by that so I conducted a study and found nearly 80 percent of neurologists suffer from migraines,” he says.



George Cruikshank's 1819 etching illustrating the depiction of little demons causing headaches.
© Hulton-Deutsch Collection/CORBIS

MIGRAINE GUIDELINES

Silberstein recently co-authored new guidelines developed by the American Academy of Neurology and the American Headache Society, which found that while many medications are available to prevent debilitating migraine headaches, most migraine sufferers don’t use them. In addition to not being aware that their headaches are migraines, some patients who seek treatment from a physician may be given the wrong drug, the wrong amount or the wrong schedule. Patients often stop the treatment if it doesn’t work or if it has side effects. “And people still use some drugs that we now know don’t work,” he says.

What does work? “That depends on the patient,” says Silberstein, which is why a comprehensive evaluation is critical to relieving migraine pain. The Headache Center at Jefferson evaluates approximately 1,200 new patients annually and offers treatments for all types of headache pain, including migraine. “We’re the first comprehensive academic headache center in the region,” he says. “Our staff includes physicians, psychologists, nurses, physical therapists and a

dentist who specializes in pain management to ensure that our patients receive a comprehensive evaluation and treatment plan that takes into considerations all parts of their headache disorder.”

The Center boasts one of the few inpatient headache treatment units in the nation, where patients can be treated over the duration of their headaches in an attempt to break their headache cycles. “We may rely on medications for patients with intractable headaches that need a combination of a drug and non-drug treatment. But we also offer coping techniques like biofeedback and relaxation to help get rid of the pain without drugs,” says Silberstein. “Pain affects your ability to function. If you have pain all the time, you are going to be depressed, which is why we have psychologists on our team. If we don’t treat the effects of the pain in addition to getting rid of the pain itself, we aren’t going to make our patients better.”

A PATIENT’S STORY

Migraines are more common in women because of sex hormones, but 8 percent of men also suffer from them.



"I have suffered from migraines for roughly 10 years," says Adam Hayes, one of Silberstein's patients. "I have been through MRIs, EKGs, multiple rounds of blood work and personality tests. It wasn't until I began a daily prophylactic with a previous neurologist that my headaches dramatically reduced. I sought out the Jefferson Headache Center to see if I could reduce my headaches further and eliminate the daily medication.

"Dr. Silberstein and Dr. Ron Kaiser offered an approach that addressed the neurological and physiological components as well as the mental and emotional. I appreciate the environment of exploration and research offered by the Center and their willingness to pursue my goals. Although there are no definite answers when it comes to headaches, the Center is the closest I've come to feeling like a solution is possible."

RESEARCH AND MIGRAINE

While researchers have long studied the cause of migraines and their possible treatment, clinicians observed a baffling phenomenon among their migraine-suffering patients who received botulinum

toxin, or Botox®, treatments. The patients indicated that the Botox® helped prevent migraine attacks, though just how that worked was a mystery to researchers. Botox® was approved for the treatment of chronic migraine sufferers by the FDA in fall 2010. "With improved trials, researchers were able to demonstrate that Botox® works better than a placebo," says Silberstein.

"We found that Botox® blocks the increased sensitivity in the brain that leads to migraines," says Michael Oshinsky, PhD, assistant professor of neurology and a member of the Jefferson Headache Center team. Oshinsky and his team are currently working on new animal models to show how migraine drugs, including Botox®, work. "We're investigating the mechanism of action for the blockage of changes in the brain that induce the hypersensitivity to pain, light and sound during a migraine attack."

Other clinical trials studying drugs for the treatment of migraine continue at the headache center, and the development of a depository of biological material and DNA to find genes for migraine will inform research in the future.

PAIN EDUCATION

This spring, Jefferson was selected by the National Institutes of Health Pain Consortium as one of 11 health professional schools designated as a Centers of Excellence in Pain Education. "I think the fact that there is NIH funding for the first time for headache pain education is an exciting turn of events," says Silberstein. "Our aspect will be headache education, and we will be designing educational courses for physicians at multiple levels — training fellows, physicians in the community and eventually nurse educators and pharmacists. So it's an exciting new program. We're collaborating with other universities on this project, but we are the lead of the whole program. Stephanie Nahas, MD (PGA '07), is the head of that effort.

What does Silberstein do today when he gets a headache? "I'll get a headache maybe once a month or so, and when I do, I use mild analgesic," he says. ■

Jefferson Faculty

Aaron Dumont, MD: Unraveling the Mysteries of Neuroscience

Canadian by birth and upbringing, Aaron Dumont brought his love of research and hockey south. “I’d have to say the Philadelphia Flyers are now my favorite hockey team,” he admits. “I used to play hockey, football, baseball, rugby, lacrosse — but I don’t have time for that now.”

A graduate of University of British Columbia with a BS in physiology, Dumont received his medical degree from the University of Calgary in 2000. He expected to spend his medical career in Canada but decided to follow the advice of his mentors to go to the University of Virginia Health System for postgraduate training. “I packed up my life and three suitcases filled mostly with books and went to Virginia,” he said. There, he completed his fellowship in cerebrovascular, endovascular and skull base surgery and then served as assistant professor of neurological surgery and radiology and associate director of the neurosurgery residency program.

Dumont came to Jefferson in 2009 as an associate professor of neurological surgery. He also serves as director of the Division of Neurovascular and Endovascular Surgery.

Q: Why did you come to Jefferson?

A: Jefferson offered me an opportunity to join a world-class neuroscience program, probably the best program that I know of anywhere for the treatment of cerebral vascular disease and stroke. The program created by Dr. Robert Rosenwasser was a tremendous draw, though it took me almost a year to commit to coming here. He reminds me that it was the longest faculty-position courtship in Jefferson’s history, but it is definitely the best decision I have ever made. Coming to work every day is a pleasure, as I could not work with a better team.

Q: What prompted your interest in neurosurgery?

A: For a long time, I was interested in the brain and the blood vessels to it because we know so little about them. I was fasci-

nated by the challenges of stroke and vascular disease. There is so much more we have to learn. In the lab, we study mechanisms of how aneurysms form and how they burst, but really my research involves solving the problems we see in our patients in the office every day. Our goal is to translate research into information that will help patients with a medical therapy or a minimally invasive surgical procedure.

Q: What attracted you to research?

A: I think it’s the combination of doing the research and then translating it into treatment for our patients. Because my primary research and clinical interests are aneurysms and stroke, I have the opportunity to help patients here at Jefferson, as well as to teach residents and fellows and continue my research simultaneously. Our biggest challenge is trying to figure out how to do things even better so we can help as many people as possible.

Q: What do you hope your contribution to the field of neurosurgery will be?

A: I think that my biggest accomplishment so far is working with and training residents and fellows who go on to make important contributions to science and to patient care. That’s the best legacy I can have — training the next generation of surgeons, physicians and scientists. For me, the most rewarding part of my day is in the morning, when I see our patients and what our team has been able to do to help them through a difficult time in their lives. When we are successful, life starts over for them; tomorrow’s patients will be in good hands through the next generation of trainees.

— Gail Luciani



Aaron S. Dumont, M.D.

OnCampus



McQuaid



Rincon



Schlaff



Malliah



Pestell



Cavarocchi

People

McQuaid Named TJUH President

Thomas Jefferson University Hospital Chief Operating Officer David P. McQuaid, FACHE, became president of TJUH effective July 1, 2012, following the retirement of longtime president and CEO Thomas Lewis. McQuaid had served as COO since 2007. He is board certified in healthcare management as a Fellow of the American College of Healthcare Executives.

Rincon Receives American Heart Association Grant

Fred Rincon, MD, assistant professor of neurology and neurological surgery, has received an American Heart Association

grant for \$121,000 to investigate the use of targeted temperature management, or TTM, after intra-cerebral/intra-parenchymal hemorrhage, or ICH/IPH, the most devastating type of stroke. Currently, there are no therapies to specifically target ICH.

TTM is an intentional manipulation of body temperature to maintain body physiology. Though the treatment is ubiquitously used in the neuro-intensive care unit, there is limited experience with its use in patients with ICH. This trial addresses the safety and tolerability of TTM after ICH, which may be an ideal intervention to improve patient outcomes.

Jefferson Welcomes New Faculty

William D. Schlaff, MD, has been appointed the Paul A. and Eloise B. Bowers Professor and Chair of the Department of Obstetrics and Gynecology. Schlaff was previously a professor and reproductive endocrinology fellowship director at the University of Colorado School of Medicine and director of advanced reproductive medicine at the University of Colorado Hospital.

Aarati B. Malliah, MD, has joined the Division of Gastroenterology and Hepatology in the Department of Medicine as a clinical assistant professor of medicine. Malliah completed her fellowship in gastroenterology and hepatology in 2011.



Digital Commons Surpasses 1 Million Downloads

The Jefferson Digital Commons — the free digital archive for articles published by Jefferson authors, Jefferson-sponsored journals and historical materials from the University Archives and Special Collections — recently surpassed 1 million downloads of more than 5,000 archived Jefferson materials, including all back issues of the *Bulletin*.

Since 2006, the goal of the Commons has been to enhance Jefferson's visibility and promote Jefferson authors. Content is indexed by Google, Google Scholar, Bing, Yahoo, Scirus and other major search engines, and the Commons remains popular on a global scale.

Library staff have been busy scanning various materials from the University Archives. For a list of archived publications or to sign up for email alerts from the Commons, visit connect.jefferson.edu/digitalcommons or contact Dan Kipnis, Jefferson Digital Commons editor, at dan.kipnis@jefferson.edu.



Lavuv

Headlines

HIV Drugs May Slow Metastatic Breast Cancer

Richard Pestell, MD, PhD, director of Jefferson's Kimmel Cancer Center and chair of the Department of Cancer Biology, served as senior author of a study showing that HIV drugs known as CCR5 antagonists may also help prevent aggressive breast cancers from metastasizing.

Such drugs target the HIV receptor CCR5, which has historically only been associated with expression in inflammatory cells in the immune system. However, the new preclinical study, published in *Cancer Research*, showed that CCR5 is also expressed in breast cancer cells and regulates the spread to other tissue. Blocking the receptor with the CCR5 antagonists Maraviroc and Vicriviroc, two drugs that slow down the spread of the HIV virus by targeting the CCR5 co-receptor of the chemokine CCL5, also prevents migration and spread of basal breast cancer cells, the researchers found.

These findings may also have implications for other cancers where CCR5 promotes metastasis, such as prostate and gastric.

Medical Frontiers

NIH Selects JMC as Pain Education Leader

The National Institutes of Health Pain Consortium has named Jefferson Medical College as one of 11 health professional schools designated as a Center of Excellence in Pain Education. As part of this NIH initiative, JMC will act as a hub for the development, evaluation and distribution of pain management

Jefferson Launches Academy of Distinguished Educators

To Jefferson faculty, nothing is more important than excellence in teaching — and to solidify its role as a leader in medical education, JMC has launched the Jefferson Academy of Distinguished Educators, or JADE.

JADE membership involves a competitive application process open to faculty who have been recognized for exceptional teaching. Goals include supporting and acknowledging outstanding educators; promoting collaboration among faculty; providing peer mentorship opportunities; and nurturing the exchange of ideas about innovative teaching methods.

JADE is working to establish an endowment for new programs at JMC. For more information, contact Howard Weitz, MD '78, at (215) 955-5050 or howard.weitz@jefferson.edu.

JMC Awarded Competitive Scholarship Grant

Every year, the U.S. Department of Health and Human Services provides scholarship funds for disadvantaged students in health professions programs through the Health Resources and Services Administration (HRSA). This year, HRSA imposed a new and complex grant application process, and JMC is proud to announce that its strong submission has secured \$1.2 million over the next four years to provide scholarships to a diverse group of students with financial needs.

Starting with the current academic year, Jefferson will make \$15,000 annual awards to 20 medical students. Scholarships change students' lives in ways they will never forget, and JMC is thrilled by this opportunity to provide increased support.

curriculum resources for medical, dental, nursing and pharmacy schools to enhance and improve how healthcare professionals are taught about pain and its treatment.

Device Enables Monitoring of Cardiac Function at Bedside

A new device is allowing Jefferson surgeons to monitor patients' complete cardiac function at the bedside for the first time. The tool, a first-of-its-kind device, allows physicians to view in real time the movement of blood and the amount of pressure in the veins, arteries and chambers of the heart and react quickly to compromised blood movement.

The technology provides data in an easy and rapid manner and enables physicians to visualize cardiac size and function of high-risk patients and integrate ultrasound capabilities into the critical care setting. "It is an improvement in patient care that is truly changing how we practice," says Nicholas Cavarocchi, MD, critical care director of Jefferson's Surgical Intensive Care Unit.

Jefferson Performs First Robot-Assisted Distal Pancreatectomy

In March 2012, Harish Lavu, MD, assistant professor in the Department of Surgery, performed Jefferson's first distal pancreatectomy and splenectomy using the da Vinci robot.

A distal pancreatectomy, often used to treat pancreatic tumors and cysts, is a procedure in which the body and tail of the pancreas are removed, usually along with the entire spleen. Only a few centers in the United States have performed the procedure using a robot. Most patients undergo open surgery, which requires a larger incision and longer recovery than robot-assisted surgery.

"This procedure is opening up doors in different ways," Lavu says. "It's making it easier on the patient because it offers up shorter hospital stays, less risk of infection and less scarring and bleeding. Most importantly, it gets the patients back to their daily activity quicker."



ALUMNI RECONNECT DURING ANNUAL REUNION WEEKEND

Thank you to all who participated in our 2012 Alumni Weekend, which kicked off Friday, Sept. 21, with a CME program on campus followed by a welcome reception at the historic Mask and Wig Club — site of JMC dissecting labs way back in the 1800s. Joseph Giordano, MD '67, was honored with this year's JMC Alumni Achievement Award (see his profile on page 20).

Saturday's events included a presentation by special guest speaker Jonathan Eig, author of the New York Times bestseller *The Luckiest Man: The Life and Death of Lou Gehrig*; the traditional "Taste of Philadelphia" luncheon with Dean Mark L. Tykocinski, MD; campus tours highlighting Jefferson's brand-new anatomy lab; and reunion dinners at the Union League for classes that graduated in years ending in 2 and 7.

Again, thanks to all who attended, and we hope to see you again next year!



1. Allan Gold, MD '62, and his wife, Linda, with L. Roy Newman, MD '49, and his wife, Stephanie.

2. JMC Alumni Association President Marianne T. Ritchie, MD '80; *Bulletin* Committee Chair William V. Harner, MD '62; *Bulletin* Committee member Joseph Sokolowski, MD '62; and JMC Dean Mark L. Tykocinski, MD.

3. Edward Jaeger, MD, director of undergraduate education in the Department of Ophthalmology, and Phillip J. Marone, MD '57, MS '07, associate dean of alumni relations at JMC.

4. 2012 Alumni Achievement Award winner Joseph Giordano, MD '67, with M. Dean Kinsey, MD '69.

5. Alumni watch a demonstration in Jefferson's new anatomy lab.

6. Celebrating their 25th reunion were Bertram Chinn, Michael Cohan, Mark Falls, Gregory Kane, Jeffrey Lipton, Ellen Liu, Steven Maser, Anne Reilly, Pat Reilly, Lisa Sheppard, Jocelyn Sivalingam and Bradley Stoddard.



7



8



9



10

7. Albert Wilkinson, MD '52.

8. *The Luckiest Man* author Jonathan Eig.

9. Class of 1962 graduates Courtney Malcarney, Harry Candela and Peter Haynicz.

10. On hand to commemorate their 50th reunion were Lawrence Altaker, Charles Bannon, Irwin Becker, Stephan Billstein, Francis Boland, Jerrold Bonn, Harry Candela, John Capelli, Thomas Carmany, William Courogen, Michael Craig, John Forchetti, Anthony Giampetro, Robert Glazer, Allan Gold,

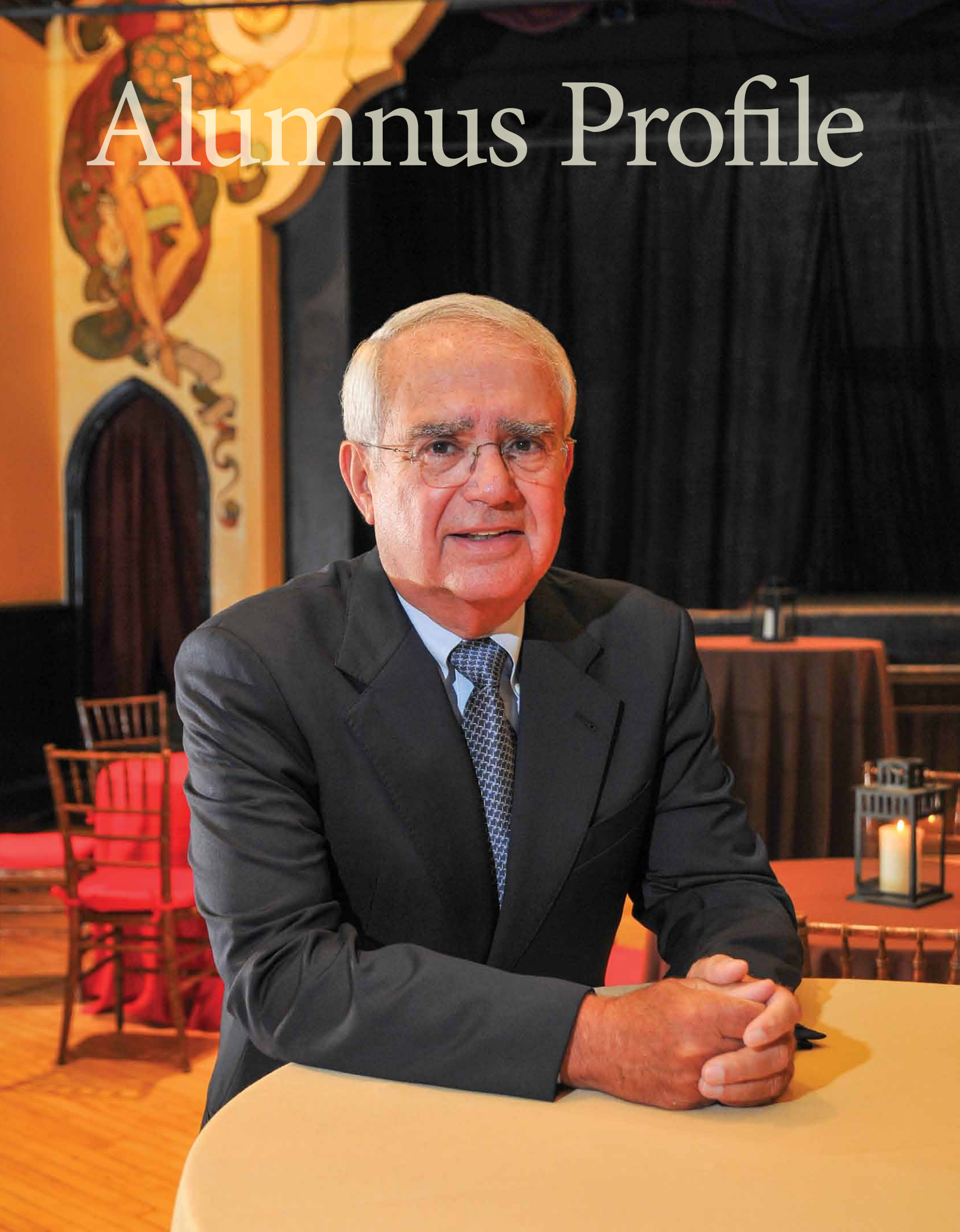
Richard Goldberg, Richard Hamburger, William Harrer, Peter Haynicz, Courtney Malcarney, James Marvel, Cyrus Mineo, Hugo Mori, Sheldon Morris, Melvin Moses, G. Stephens Nicoll, Eugene Pelczar, Joseph Pittelli, Mark Pliskin, Julius Richter, Sander Robins, David Rosenthal, Jerome Rudnitzky, A. Carl Segal, Joseph Snyder, Joseph Sokolowski, Stanford Steinberg, John Tomlinson and Stephen Vasso.

11. Eric Jaxheimer, MD '77, and his wife, Marty.



11

Alumnus Profile



2012 JMC Alumni Achievement Award Winner

Joseph M. Giordano, MD '67

Revolutionizing Trauma Care — and Saving an American President

Joseph Giordano was examining a patient on the sixth floor of George Washington University Medical Center the afternoon of March 30, 1981, when he heard an intercom page urging him to the emergency room. The head of GW's trauma team, Giordano was often called to the ER — but not over the loudspeakers.

"Clearly, something important was going on," he says.

That something important was the arrival of U.S. President Ronald Reagan, who had been shot after addressing union representatives at a nearby hotel. Giordano raced downstairs to a room buzzing with Secret Service agents and found the president on a gurney, surrounded by residents who had just discovered that a bullet had entered under his left arm and punctured his lung. Until then, the president and his guards believed the injury was simply a cracked rib suffered during the *mêlée*.

The wound was serious; Giordano inserted a chest tube and worked with his team to stabilize Reagan's dangerously low blood pressure and pulse. Within half an hour, the president was wheeled into surgery to remove the bullet. He left the hospital 11 days later and made a full recovery.

Giordano is widely credited with saving Reagan's life but humbly emphasizes the roles of many key players. "The real hero of the day was actually Jerry Parr, the special agent in charge of security. His decision to bring the president straight to the hospital rather than stopping at the White House — which his motorcade almost did — is the reason the president survived."

Although that day's events proved the most memorable from his 40-year career, Giordano says his proudest accomplishments involve overhauling trauma care in the Washington area — a challenge he didn't initially pursue by choice. After graduating from JMC, he completed a surgical residency at GW and three years

of basic science at the Walter Reed Army Institute of Research. In 1976, he returned to GW intending to work as a vascular surgeon. Instead, he was asked to lead the emergency department following the sudden departure of its chair.

"I was explicitly charged with setting up a trauma unit, which took a lot of effort because at that time, there were almost no major established trauma centers. We didn't have specific trauma surgeons, teams or communication systems," he says. "So, first things first: I had to learn how to manage trauma."

To do so, Giordano spent a month at the R. Adams Cowley Shock Trauma Unit in Baltimore, one of the few premier trauma centers in the country. He learned what a good trauma model looked like — with state-of-the-art facilities, properly trained clinicians and distinct protocols — and used that knowledge to impose a similar approach at GW, which the American College of Surgeons certified as a Level I Trauma Center in 1979. Giordano also became involved in local Washington politics, pushing for the creation of a regional emergency medical communication system.

"When I started all this, our trauma unit was nonexistent," he says. "But by the time President Reagan came in five years later, our unit was solid. The late 70s and early 80s saw a real emergency care revolution that changed medicine forever."

Giordano stayed at GW for his entire career, being named chairman of surgery in 1992 and holding the position for 18 years. He devoted much of his time to honing the institution's surgical resident training program and building a strong department of surgery.

Even though he retired two years ago, Giordano is not resting on his laurels. He serves on the board of Partner for Surgery, an organization that provides surgical care to rural Guatemalans, many of whom have never before seen a physician. He no



In this March 30, 1981, three-picture file photo from the Associated Press, President Reagan waves, then looks up before being pushed into a limousine by Secret Service agents after being shot.

longer operates but still visits Guatemala and continues to recruit American surgical teams to volunteer their services.

"Way back when I was a student at Jefferson, I traveled to help patients in Haiti, and as a resident at GW, I did the same in Honduras. I always wanted to do more of that, but you graduate, you get married, you have children, you develop your career — you're just busy. I am grateful that now I can focus on this service, and I hope to recruit many more teams from all over the United States."

Giordano says that while he is best known as "the doctor who took care of President Reagan," he considers his work to improve trauma systems and his volunteer efforts among his greatest contributions to medicine.

"A president being shot, that's a big piece of history, and I'm glad I was there to help. But all over the world, there are countless people in need, and I'd like to be remembered for improving healthcare access and delivery for as many patients as possible."

— Karen L. Brooks

ClassNotes

'46

Richard G. Saleeby lives in Raleigh, N.C., and is proud to report that his granddaughter, Julie, is in this year's sophomore JMC class.

'53

Irwin Potash continues to practice occupational medicine. He was a trauma and general surgeon for 30 years and worked as a U.S. Air Force base surgeon. Potash lives in Miami and plays golf and tennis and goes to the gym every day. He has been married for 57 years and has three children and four grandchildren.

'55

Joseph A. Heaney practiced psychiatry in 10 different states over 40 years before his retirement and devoted much of his time to helping patients transition from institutional settings back into the community. He credits the development of new psychotropic medications as the key to the success of this process and is currently working on a book documenting these historic changes in his field. Heaney lives in Cumberland, Wis.

'56

Charles L.S. Brennan Jr. retired from Cooper Medical Center in May 2011 but has kept his credentials up to date and is now an honorary staff member. He enjoys golfing and gardening and stays active with his church, serving on the board of trustees and in the choir. Brennan lives in Ocean View, N.J.

'57

John S. Mest retired in 1989 after 10 years as an emergency room physician at St. Peter's Hospital in Helena, Mont. He and his wife, Eleanor, have a big vegetable garden and are very active outdoors. They live in Manhattan, Mont., and canoe the Gallatin, Madison, Jefferson,

Missouri and Yellowstone rivers and still go downhill skiing at Bridger Bowl. Mest skied on the volunteer ski patrol for 23 years.

'58

Richard E. Eshbach and his wife, Lillian, still live in Greece and are trying to sell their beachfront villa. Eshbach reports missing Jefferson and Philadelphia. He will be in the United States this fall through the end of December.

'60

Joel R. Temple still practices full time and says he keeps busy with his grandchildren, church, arts, concerts, photography and, of course, the Phillies. Temple lives in Dover, Del.

'62

William V. Harrer retired in May 2012 after 42 years at Our Lady of Lourdes Medical Center in Camden, N.J., and 50 years in medicine, all of which he devoted to clinical pathology. Harrer serves as chair of the *Bulletin* publication committee of the JMC alumni association. He lives in Haddonfield, N.J.

Joseph Sokolowski Jr. has retired as the American Thoracic Society's representative to the American Medical Association's House of Delegates. At the annual AMA meeting in June 2012, Sokolowski received a presidential citation in recognition of his more than 40 years of service to the Society. He played a pivotal role in shaping the AMA's position on tobacco control and led efforts within the House of Delegates to establish policies on air pollution and global warming. Sokolowski also serves on the *Bulletin* publication committee of the JMC alumni association. He and his wife, Maureen, live in Medford Lakes, N.J., and have nine children and 19 grandchildren.

'68

James B. Turchik reports that all is well in Sarasota, Fla. He and his wife, Evelyn, spent March and April 2012 visiting their daughter in Australia.

Harold A. Yocum is in his last year of part-time clinical staff work with the University of Oklahoma's orthopaedics department. He looks forward to having free time to read, go birdwatching, enjoy his family and volunteer with the American Legion. Yocum lives in Edmond, Okla.

'70

Peter V. Scoles has been named executive director for international programs at the National Board of Medical Examiners in Philadelphia. Scoles will oversee operations in Europe, Latin America, the Middle East and the Pacific Rim.

'74

Burton H. Danoff, former chief of obstetrics and gynecology at Broward Health Medical Center in Fort Lauderdale, Fla., sends his best regards to the Jefferson community. He lives in Weston, Fla.

John P. Lubicky is a professor of orthopaedic surgery and chief of pediatric orthopaedic surgery at the West Virginia University School of Medicine. He is the only pediatric orthopedist in the state and says he plans to work until age 70. Lubicky lives in Morgantown, W.Va.

'79

Michael J. Axe was presented with the 2012 Robert E. Leach, MD, Mr. Sports Medicine Award during the American Orthopaedic Society for Sports Medicine's Annual Meeting in Baltimore in July. This prestigious award is given to those who have made a significant contribution to the world of sports medicine. Axe practices with First State Orthopaedics in Newark, Del.

Lawrence A. Shaffer received the 2012 Outstanding Volunteer Faculty Award from Northeast Ohio Medical University. An associate professor of pediatrics, Shaffer works at Akron Children's Hospital as a pediatric hospitalist and pediatric sedation coordinator for the Mahoning Valley campus. He also works part time in the emergency department. He and his wife, Karen, live in Hermitage, Pa., and have four grown children and one grandson.

'82

Stuart J. Singer sends his regards to his former JMC soccer and rugby teammates. Singer reports that he enjoys living in the country in central New York. He has been practicing for 24 years as an interventional radiologist and medical director of peripheral vascular intervention at Crouse Hospital in Syracuse.

Tina M. Smith lives in San Francisco with her husband and two children. She is chief of plastic surgery at Kaiser Permanente and provides a wide range of reconstructive surgery procedures.

'83

Samuel H. Markind continues to practice with Associated Neurologists in Danbury, Conn., where he has worked since 1991. Markind and his wife, Dina, have three children in college.

'84

Jonathan S. Daitch recently received the President's Award from the Florida Society of Interventional Pain Physicians for his service, research and contributions to the organization. He started the local chapter to educate providers on advances in the treatment of chronic and acute pain as well as to update providers on the impact of new healthcare legislation. Daitch founded and practices at

What's New?

Send us your personal and professional updates for the *Bulletin's* Class Notes!

Contact Toni Agnes at 215-955-7751 or antoinette.agnes@jefferson.edu.

Mail to: Toni Agnes
The Jefferson Foundation
925 Chestnut St., Suite 110
Philadelphia, PA 19107

Advanced Pain Management and Spine Specialists in Fort Myers and Cape Coral, Fla. He also is the concert master of the Gulf

Coast Symphony, the community orchestra in Fort Myers.

John J. Kelly III remains in clinical practice in Wilmington, Del., in cardiovascular disease. Kelly is director for cardiology education for the house staff program in the Christiana Care Health System. He lives in Devon, Pa.

Carrie Hufnal-Miller and **Randolph Miller** celebrated their 30th anniversary in April 2012. Randy practices at Yardley Pediatrics and Carrie is director of neonatology for CHOP Newborn Care at Princeton University Medical Center. They live in Yardley, Pa.

'86

Eliav Barr has won the Penn State Eberly College of Science's 2012 Outstanding Science Alumni Award, which recognizes alumni who have made significant professional achievements in their field and are outstanding role models for current students. Barr is vice president of the Infectious Disease Project at Merck Research Laboratories in West Point, Pa., and is widely known for his leadership in developing the human papillomavirus vaccine Gardasil. He lives in St. Davids, Pa.

Andrew R. Bradbury is medical director of the student health center at Brigham Young University-Idaho

and a U.S. Army state surgeon in Boise, Idaho. This year, he plans to take the Cedar Badge National Youth Leadership Training Course — a program for Boy Scouts — with two of his children.

Patricia A. McCormack retired from active medical practice in July 2012. She lives in Scranton, Pa.

'89

Andrew Sirotnak was awarded the Kempe Foundation Professional Award in April 2012 for his work to help abused children in Colorado. Sirotnak is a professor of pediatrics at the University of Colorado Denver

Marjorie Bowman, MD '76, Named Dean of Boonshoft School of Medicine

Marjorie Bowman, MD '76, MPA, founding chair of the University of Pennsylvania's Department of Family Medicine and Community Health, has been named dean of the Wright State University Boonshoft School of Medicine in Dayton, Ohio. She began her tenure Oct. 1, 2012.

With this prestigious appointment, Bowman joins a distinguished group of JMC alumni who have become deans at U.S. medical schools: Thomas Nasca, MD '75 (JMC); Barbara Atkinson, MD '74 (Kansas University School of Medicine); Stephen Slogoff, MD '67 (Loyola University Stritch School of Medicine); and Robert Evans, MD '52 (University of Illinois College of Medicine at Rockford).

Before joining Boonshoft, Bowman was a professor of family medicine and director of the University of Pennsylvania's Center of Public Health Initiatives, which serves as the academic base for Penn's Master of Public Health degree program and works to improve health and quality of life by expanding public health education, research and practice.

In addition to her medical degree, Bowman has a master's degree in public administration. She previously worked for the U.S. Department of Health and Human Service in health policy work and was a commissioned officer in the U.S. Public Health Services. She has served as a consultant to several branches of government and many universities and previously served as president of the American Board of Family Practice — now known as the American Board of Family Medicine.

Widely published in the areas of behavior change, health personnel, women's health and community health, Bowman has conducted extensive research in public health, women's health, physician behavior, health manpower and acupuncture.



ClassNotes continued

School of Medicine and director of the Child Protection Team at Children's Hospital Colorado and the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect. He and his partner, Jamie, live in Denver.

'91

Nancyanne Freeman Lerner is a partner with Anesthesiology Associates of Clark County in southern Indiana. She and her husband, Guy Lerner, MD, live in Louisville, Ky., and have two children, Aaron and Rachel.

'92

Iqbal Anwar lives in Los Angeles and has three sons. Anwar practices orthopaedics with Kaiser Permanente.

'93

Daniel K. Meyer recently was elected chair of the Board of Directors of the Opera Company of Philadelphia.

He also serves on the board of the William Penn Foundation and advises the Wyncote Foundation on philanthropic grant-making. Meyer lives in Philadelphia.

Alice L. Truscott is chief of pediatricians at Kaiser Permanente's Delta Fair Medical Office in Antioch, Calif. Truscott lives in Berkeley.

'94

Blanche Mavromatis is practicing medical oncology in Cumberland, Md. She and her husband are enjoying life in a small town with their three children.

'98

Marty Makary has written a book, *Unaccountable: What Hospitals Won't Tell You and How Transparency Can Revolutionize Health Care*, which was published in September 2012 by Bloomsbury Press. *Unaccountable* urges

hospitals to make their outcomes available to patients so they can make informed decisions on where to seek care. Makary was featured in the Sept. 24, 2012, issue of *Newsweek*, and has also appeared recently in *Reader's Digest*, *USA Today* and the *Wall Street Journal* and on NPR, CNN and CBS. A surgeon at Johns Hopkins, he specializes in advanced laparoscopic surgery and performed the first laparoscopic Whipple surgery and the first laparoscopic central pancreas removal at Hopkins. He lives in Washington, D.C.

Christina McAdams married Victor Williams in December 2009. Classmates in attendance included **Eugene Glavin**, **Cecelia Schmalbach** and **Paul Zerkovic**. McAdams and Williams live in Jacksonville, Fla., with their daughter, Tierney, and son, Thomas.

Matthew J. Watson is a partner with Northside Emergency Associates in the Atlanta area, where he has been practicing emergency medicine for the past 11 years. Watson is president of the Georgia College of Emergency Physicians. He and his wife, Christine, and their three children live in Alpharetta, Ga.

'99

Louis Giangulio opened a solo pediatric practice, Sugartown Pediatrics, with offices in Newtown Square and Malvern, Pa. He lives in West Chester, Pa.

Heather A. Nesti and her husband, **Leon Nesti, MD '02**, welcomed their son Charles Leon Nesti in December 2011, just one week after Leon's return from Afghanistan following a six-month deployment with the U.S. Army. They are also parents



James McKeith, MD '92, Shows Jefferson Colors in the Antarctic

James McKeith, MD '92, holds a Jefferson banner at Hut Point on McMurdo Station, a U.S. Antarctic research center, on Sept. 24, 2012. McKeith is lead physician at McMurdo General Hospital. He expects to go to the South Pole when planes start flying there at the end of the month — but first, the temperature needs to drop below -50 degrees.



From left to right: Alumni Association President Marianne Ritchie, MD '80; Lorraine King, MD; James Fox, MD '70; Nancy Czarnecki, MD '65; and George Valko, MD '86.

JMC at the Beach

Alumni met in Stone Harbor, N.J., on July 28 to celebrate the second annual "Jeff at the Beach" event. This casual gathering includes an informal reception and dinner during which alumni can catch up with each other and with current JMC faculty. "Thanks to all who joined us this year, and for those who could not make it, we hope to see you next summer!" says Ritchie.

of 4-year-old twins Heidi and Richard. The family lives in Crownsville, Md.

Steven R. Sarkisian Jr. is the glaucoma fellowship director at the Dean McGee Eye Institute at the University of Oklahoma. He serves on the glaucoma committee of the American Academy of Ophthalmology, which recently presented him with its Achievement Award. Sarkisian and his wife have four children and live in Edmond, Okla.

Steven Wagner was named one of Philadelphia's "Top Doctors" by *Philadelphia Magazine* two years in a row for vascular and interventional radiology. He is developing the first nano-knife tumor ablation program in Philadelphia.

'04

Jennifer R. Benjamin lives in Boston and works in neonatology at Tufts Hospital for Children.

Andrew S. Bilinski continues to serve in the U.S. Army Medical Corps and is on active duty taking care of U.S. soldiers.

'08

Christina B. McGowan completed her residency with the University of Florida Department of Ophthalmology in June 2012 and started a cornea and external disease fellowship July. She lives in Gainesville, Fla.

PGA

Stephen E. Strup is chief of urologic surgery; the James F. Glenn Endowed Professor and Chair in Urology; director of minimally invasive urologic surgery; and director of the urology residency program at University of Kentucky College of Medicine. He recently was elected to serve as president of the University of Kentucky medical staff through June 2013. Strup lives in Nicholasville, Ky.



Alumni Association President's Message

To my fellow alumni, a special thank you for your generosity again this year. You'll likely see your name in the donor recognition pages of this issue of the *Bulletin*. This is just one way for us to let you know how much we appreciate your generosity. As you know, your continued support provides essential resources for students, faculty, clinicians and researchers and allows us to continue to educate exceptional physicians like you.

You'll also see some photos from this year's Alumni Weekend, which was held September 21 to 22. My thanks to those who were able to join us this year — we had a spectacular program. Next year's dates are October 4 to 6. Mark your calendar now.

I think you'll be pleased to know that your association is continuing the tradition of welcoming each incoming student with the gift of a white coat. During this year's ceremony, held in August, the members of the class of 2016 recited the Hippocratic Oath for the first time.

I had the privilege of addressing our future alumni, and I'd like to share my comments with you. My advice included three points:

1. The message of love. Being a physician is a vocation — a call to heal. We are called to love our patients. People come to us because they are broken. They look to us to make them whole again. My Jesuit training stressed the ideal to respect the whole person: *cura personalis*. There is a sacred trust between patient and physician. When patients seek your advice, they undress physically, emotionally and spiritually. They

share secrets with you that they hold dear. For some patients, you may be the last face they see before they leave this world.

Love your classmates. Enjoy the camaraderie that is Jefferson. No one else in the world will ever understand this experience like your peers. Help each other, learn from each other, bond with each other. My Jefferson classmates are the best friends in my life.

Love your family. Take the time to say, "Thank you, Mom and Dad." Don't ever take them for granted. I finally understood when I became a mother myself. I blushed when my dear Irish mother used to say, "This is our baby. She's a doctor." Even my adorable Jewish mother-in-law likes to kvell and say, "This is my daughter-in-law ... she's a doctah!"

2. Be humble. I remind my children that you can't be happy if you're not grateful, and you can't be grateful if you're not humble. As Socrates said, "Know thyself." Know your limitations. If you're stumped by a case, confer with colleagues. No one expects you to know everything. "Nothing to excess." Life is a balance. Take time to rest and enjoy your own life. Every machine needs a rest or it will overheat. You will not be an effective clinician if your home life is unhappy. Appreciate being here. More than 10,000 people applied for admission to this year's class, but only 265 are here today. Many of those other students were equally talented but fate had a different plan.

3. Be proud of your Jefferson heritage. At orientation, I cited many of the Jeff grads who were remarkable pioneers. Though many great legends have gone before you, know that there are countless living legends to teach you here at Jeff right now! Please accept our gift of your first white coat. Wear it with honor. As a physician, you have the chance to be a Jeff legend and change the life of every patient you touch. To borrow from the poet Maya Angelou: "People don't remember exactly what you said or did, but they always remember how you made them feel."

Please feel free to email your comments and ideas to marianne.ritchie@jefferson.edu.

I look forward to hearing from you.

Marianne T. Ritchie, MD '80

Marianne T. Ritchie, MD '80
President, JMC Alumni Association

InMemoriam

'44

Frank H. Butt, 93, of Warren, Pa., died Nov. 9, 2011. Butt served in the U.S. Army in World War I. He was an anesthesiologist at Warren General Hospital and Warren Dental Art until his retirement in June 1983. He is survived by his wife, Joan; four sons; one daughter; four grandchildren; and four great grandchildren.

'44S

James Beebe Jr., 93, of Lewes, Del., died June 8, 2012. In 1950, Beebe began practicing surgery at Beebe Medical Center, which his father and uncle had founded in 1916 as the first private hospital in Delaware outside of Wilmington. He practiced for 43 years before retiring in 1993. He is survived by his wife of 29 years, Betty.

'47

Charles J. Rodgers, 89, of Williamsport, Pa., died May 15, 2012. He served in the U.S. Navy during World War II as a corpsman at the U.S. Naval Hospital in Philadelphia and later as lieutenant in the U.S. Navy Reserve, stationed at the U.S. Naval Shipyard in Philadelphia. Rodgers was a general practitioner who served patients in the Williamsport area for 43 years at both Williamsport and Divine Providence

Hospitals. He is survived by eight children and 19 grandchildren.

'53

William E. Delaney III, 84, of Wynnewood, Pa., died June 11, 2012. He is survived by his wife of 48 years, Marjorie, and his daughter, Mimi.

'54

Bernard B. Borkowski, 88, of New Hope, Pa., died July 19, 2012. He completed his internship in general surgery and residency in general, vascular and thoracic surgery at Jefferson and remained on the medical staff until 1973. Borkowski retired in 1996 after 19 years as an emergency department physician at Grandview Hospital in Sellersville, Pa. He is survived by his wife, Barbara, a 1958 graduate of Jefferson diploma nursing program; and two daughters.

'56

Thomas L. Carter, 82, of Gladwyne, Pa., died June 8, 2012. Carter completed his internship and residency in the U.S. Navy. Carter was a flight surgeon in the Philippines and Japan. He practiced radiology at Jeanes Hospital in Philadelphia from 2002 until his retirement in 2007. He is

survived by his wife, Lenora; four sons; and eight grandchildren.

Noyes E. Yale Jr., 82, of Avon, Colo., died June 23, 2012. Yale, known fondly as "Bud" to his friends, was in private practice in Englewood, N.J., from 1960 to 1999. He was the school physician for Tenafly High School as well as Bergen Community College. Yale was an attending physician at Englewood Hospital for 39 years as well as a member of the board of trustees. He was an avid outdoorsman, always planning his next excursion to fish, ski or hike in the great outdoors. He is survived by his wife of 57 years, Kathleen; and four children.

'57

Nicholas Spock, 80, of Shamokin, Pa., died June 21, 2012. Spock served in the U.S. Air Force and was stationed in Athens, Greece. He was a family practice physician and served on staff of the Shamokin Area Community Hospital and was a director of the Mountain View Manor Nursing Home. He was a member of the Pennsylvania Medical Society and the Northumberland County Medical Society, for which he served two terms as president. He was a

Pennsylvania Game Commissioner from 1994 to 2002. He is survived by his wife, Leocadia; three children; and two grandchildren.

'61

Rocco P. Fresoli, 77, of Thomasville, Ga., died July 21, 2012. Fresoli retired in 2001 after seven years as head of addiction medicine and head medical review officer at Archbold Medical Center. He was proud of his professional life and the education received at JMC. He is survived by his wife, Caroline; five children; and nine grandchildren.

'68

Richard I. Cohen, 69, of North Brunswick, N.J., died May 31, 2012, at St. Peter's University Hospital. Cohen practiced pediatrics in New Brunswick and North Brunswick for 40 years and was a clinical professor of pediatrics at Robert Wood Johnson Medical School and an attending physician at St. Peter's University Hospital and Robert Wood Johnson University Hospital. He completed his internship and residency at St. Luke's Hospital and his fellowship at Jefferson. He is survived by his wife, Eileen; two sons, Matthew and Daniel; and one grandson, Evan.



Donald C. Liu, MD '90, PhD, Pediatric Surgeon

1962 – 2012

Donald C. Liu, MD '90, PhD, chief of pediatric surgery and surgeon-in-chief at the University of Chicago Medicine's Comer Children's Hospital, drowned Aug. 5, 2012, after rescuing two children who were caught in a strong current while kayaking in Lake Michigan near the town of Lakeside, Mich. He was 50 years old.

Liu, the Mary Campau Ryerson Professor in the Departments of Surgery and Pediatrics at the University of Chicago Medicine, was internationally recognized for his expertise in applying and adapting the techniques of minimally invasive surgery to children. He developed innovative approaches to the treatment of chronic abdominal pain syndromes in children, including median arcuate ligament

syndrome, a little-known and underdiagnosed disorder. As a researcher, he was an expert in Hirschsprung's disease, the pathogenesis of necrotizing enterocolitis and the importance of gut bacteria in health and disease.

The children Liu saved were knocked out of their kayak by heavy waves, according to the Chikaming Township Police Department. The two 12-year-old boys began to struggle in the choppy waters. Neither was wearing a life preserver.

Liu "saw the children were in trouble and immediately went out into the water to help them," said Bruce McKamey, a patrolman with the Chikaming Township police. The children made it to shore, but the surgeon was swept away by the rip current, he said.

A prolific scholar, Liu was an author or co-author of more than 70 research publications and eight book chapters, primarily dealing with minimally invasive surgery, the human microbiome, and the surgical treatment of intestinal disease. He lectured all over the world and was the principal investigator for multiple clinical trials and for two large grants from the National Institutes of Health, looking at treatments for necrotizing enterocolitis and the establishments of the gut microbiome in young children.

"Dr. Liu embodied all of the qualities that make someone an extraordinary physician. He was not only exceptionally bright and committed to performing at the highest level, but he also had a sunny presence and a great bedside manner," said Gerald J. Marks, MD '49, who taught Liu during his third and fourth years at JMC. "To become a chief surgeon at a prestigious medical school at such a young age — that's a real honor and accomplishment. Jefferson has lost one of its most outstanding graduates, and the pediatric and endoscopic surgical world has lost a superior educator and key clinical leader."

Liu was born in New York but grew up in Taiwan. He received his medical degree with high honors and his PhD in immunology from Jefferson in 1990 and completed his internship and residency in general surgery at the Hospital of the University of Pennsylvania in 1995, followed by a two-year fellowship in pediatric surgery at the University of Michigan C.S. Mott Children's Hospital.

From 1997 to 2001, Liu was an assistant professor of surgery at Louisiana State University School of Medicine, caring for patients at the Children's Hospital of New Orleans. In 2001, he joined the University of Chicago Department of Surgery as a pediatric surgeon. He was named section chief of pediatric surgery and surgeon-in-chief at Comer Children's Hospital in 2007.

Liu is survived by his wife, Dana Suskind, MD; their three children: Genevieve, Asher and Amelie; and a sister, Diana Liu.

Readers weigh in on the *Bulletin*

Readers responding to a survey that appeared in the last issue of the *Bulletin* gave the publication good marks with positive comments and suggestions for future issues. Sixty percent of those responding submitted hard copy surveys, while 40 percent took the survey online; 15 percent of those who took the survey online accessed it with our first-ever QR code.

Class year of respondents:

1940s: 2 percent	1980s: 14 percent
1950s: 13 percent	1990s: 9 percent
1960s: 14 percent	2000s: 10 percent
1970s: 20 percent	2010s: 3 percent

The most highly read sections were:

Class notes/in memoriam: 87 percent
Main features: 82 percent
Alumni profiles: 78 percent

The topics that readers are most interested in seeing in the *Bulletin* were:

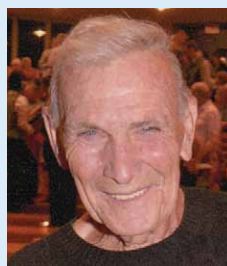
Issues facing physicians today: 82 percent
New initiatives on campus: 74 percent
Campus facilities and growth: 67 percent

Most respondents agree that the *Bulletin* strengthens their connection to JMC and have taken the following actions as a result of reading the *Bulletin*:

Made a donation to JMC: 36 percent
Saved an article or issue: 33 percent
Attended an event: 27 percent

Approximately 37 percent of respondents share their copy of the *Bulletin* with others, including patients, staff and family members.

While the *Bulletin* is always available on our website at <http://connect.jefferson.edu/bulletin>, 60 percent of respondents said they were not interested in receiving a digital edition.



Irwin Potash, MD '53, is the winner of the \$100 gift card. Our thanks to those who responded to this year's survey. Your comments are always welcome via email: gail.luciani@jefferson.edu.

— Gail Luciani, Editor

Alumni Giving

To all who contributed to Jefferson during our last fiscal year: Thank you. This list includes alumni, surviving spouses of deceased alumni, faculty and staff who gave from July 1, 2011, to July 15, 2012. Numbers in parentheses denote members of our 1824 Society, which recognizes donors who give for five consecutive years or more.

In fiscal year 2012, the Jefferson Foundation raised more than \$4.2 million through the annual fund and nearly \$37 million total (a 12.7 percent increase over the prior year), with 23 percent of JMC's living graduates contributing. The Class of 1980 contributed the largest amount, \$60,767. The Class of 1962 had the greatest participation, with 39 percent of members contributing.

Over the past eight years, we have raised more than \$306 million. Thank you again for making these achievements possible.

KEY TO GIVING LEVELS

The Presidents' Club recognizes donors who give \$2,500 and more to Jefferson. The club is divided into five primary levels:

Partner.....	\$25,000 and above
Associate	\$10,000-\$24,999
Friend.....	\$5,000-\$9,999
Member	\$2,500-\$4,999

Young Member

-Five to 10 years after graduation..... \$1,000

-One to four years after graduation... \$500

+ Deceased

ENTIRE CLASS OF 2011 CONTRIBUTES THROUGH BRENT FUND

During the last fiscal year, the Class of 2011 had an enviable 100 percent rate of giving participation, thanks to the Robert and Lillian Brent Alumni Giving Incentive Fund, established by longtime faculty member Robert L. Brent, MD, PhD, and his wife to inspire generosity among alumni.

The Brents made a donation that places funds in every student's account for the first five years after graduation. After five years, it is up to each class to continue its 100 percent giving record.

The Class of 2011 is the first to be a part of this program. Graduates who made a gift beyond the Brent Fund are noted in the class's listing on page 37.

1937

Total class giving:
1 donor totaling \$200
1% total class participation
Annual fund class giving:
1 donor totaling \$200

CONTRIBUTORS

Maurice Abramson

1939

Total class giving:
1 donor totaling \$1,000
1% total class participation
Annual fund class giving:
1 donor totaling \$1,000

CONTRIBUTORS

John P. Rudolph (31)

1942

Total class giving:
4 donors totaling \$1,195
5% total class participation
Annual fund class giving:
4 donors totaling \$1,195

CONTRIBUTORS

Edgar T. Gibson (8)
Joseph N. Marino (27)
John L. Ranson, Jr.
John Arthur Steitz (7)

1943

Class Agent:
Leonard S. Davitch
Total class giving:
3 donors totaling \$500
3% total class participation
Annual fund class giving:
3 donors totaling \$500

CONTRIBUTORS

Harry V. Armitage (31)
Leonard S. Davitch (31)
Andrew C. Ruoff, III (22)

1944 J

Total class giving:
5 donors totaling \$1,300
2% total class participation
Annual fund class giving:
5 donors totaling \$1,300

CONTRIBUTORS

Lin T. Chun
Edward A. Filmyer, Jr.
Robert P. Krall
George W. Plonk (5)
William Wasnick (31)

1944 S

Total class giving:
7 donors totaling \$2,010
2% total class participation
Annual fund class giving:
7 donors totaling \$2,010

CONTRIBUTORS

James G. Dickensheets
Albert M. Falcone
Ray H. Flory
+Warren C. Herrold (31)
Herbert S. Hunter

Milton N. Kitei
Peter P. Midura (31)

1945

Total class giving:
5 donors totaling \$75,750
4% total class participation
Annual fund class giving:
4 donors totaling \$750

PRESIDENTS' CLUB

Partners

Raymond C. Grandon (29)

CONTRIBUTORS

Joseph S. Brown, Jr. (6)
Benson Krieger (31)
Harold J. Laggner
Martin D. Reiter

1946

Class Agent: James V. Mackell
Total class giving:
11 donors totaling \$2,626
9% total class participation
Annual fund class giving:
11 donors totaling \$2,626

CONTRIBUTORS

Aaron D. Bannett
A. J. Cappelletti
James B. Gilbert (31)
Howard Isaacson
James V. Mackell (31)
Michael J. McAndrew, Jr. (31)
Harold Meyer (18)
Clarence M. Miller
Richard G. Saleeby
Henry A. Seidenberg (28)
G. Robert Senita (31)

1947

Total class giving:
10 donors totaling \$5,840
8% total class participation
Annual fund class giving:
10 donors totaling \$5,840

CONTRIBUTORS

Robert H. Baker (8)
Alfred S. Cook, Jr. (31)
Joseph M. Corson (9)
Gerald D. Dodd
David B. Heller (5)
Roy Korson (31)
Warren A. Miller (17)
Charles J. Rodgers (29)
George F. Tibbens (14)
Robert Yannaccone

1948

Total class giving:
18 donors totaling \$4,680
15% total class participation
Annual fund class giving:
18 donors totaling \$4,680

CONTRIBUTORS

William H. Annesley, Jr. (30)
John D. Bealer (28)
Donald G. Birrell (31)
Robert J. Carabasi (26)
Chester F. Cullen (30)
Valerio J. Federici (31)
Donald M. Feigley
Charles D. Foster, III (27)
Charles G. Francos
Richard M. Landis
Gordon Liu (7)
J. Edward McKinney (8)
Clermont S. Powell (5)
Ralph J. Schlosser

Francis R. Schwartz (5)
H. Frank Starr, Jr. (6)
Thomas C. Turner
John E. Weyher, Jr. (11)

1949

Class Agent: L. Roy Newman
Total class giving:
22 donors totaling \$6,928
18% total class participation
Annual fund class giving:
22 donors totaling \$6,928

PRESIDENTS' CLUB

Members

Stuart W. Hamburger (7)

CONTRIBUTORS

+Francis T. Au (10)
Scott J. Boley (23)
Peter L. Eichman
Richard A. Ellis (7)
John G. Finley
Paul Hartstein (15)
Charles W. Huff
W. Bernard Kinlaw, Jr. (30)
Carl J. May
John E. Mills
Mortimer T. Nelson
L. Roy Newman
Abraham Perlman
Edward H. Robinson (31)
Sheldon Rudansky
Edward J. Saltzman
Edward A. Schauer
Robert E. Schulz (29)
Harold L. Strause, Jr. (15)
George A. Winch
Conrad Zagory

1950

Class Agent: Leonard A. Erdman

Total class giving:

17 donors totaling \$13,340

15% total class participation

Annual fund class giving:

17 donors totaling \$13,340

PRESIDENTS' CLUB

Members

Leonard A. Erdman (16)

Richard L. Rovit (9)

CONTRIBUTORS

Robert C. Bair (31)

Erich A. Everts (13)

Marvin Goldstein

William J. Jacoby

+Robert E. Karns

Murray A. Kessler

John C. Lychak (7)

Jay W. MacMoran (11)

Frank E. McElree, Jr.

Irwin N. Perr

W. Ernest Powell (20)

Joseph J. Rowe

Maurice R. Turcotte (12)

William H. Winchell (9)

Herbert A. Yantes

1951

Class Agent: Daniel T. Erhard

Total class giving:

25 donors totaling \$10,645

20% total class participation

Annual fund class giving:

25 donors totaling \$5,645

PRESIDENTS' CLUB

Friends

Simon C. Brumbaugh, Jr. (8)

CONTRIBUTORS

Harry Boretzky (29)

Frank A. Carroll, Jr.

J. Barton Cheyney, II

Peter Chodoff

James B. Cox (7)

Raymond L. Dandrea

Daniel R. DeMeo

Michael R. Dobridge, Jr.

Ernest F. Doherty, Jr. (7)

Daniel T. Erhard (5)

Victor F. Greco (5)

James C. Hitchner

Charles L. Jernstrom

David A. Levitsky (6)

Bernard W. Mayer (17)

Robert L. Mulligan (31)

Talbot F. Parker, Jr. (11)

William H. Reifsnnyder, III (31)

Morton A. Rosenblatt

Leonard Sattel

Leon Shmoker

Verne L. Smith, Jr. (13)

Irwin L. Stoloff

Fred W. Wachtel (16)

1952

Total class giving:

29 donors totaling \$22,200

22% total class participation

Annual fund class giving:

29 donors totaling \$22,200

PRESIDENTS' CLUB

Friends

Jerome M. Cotler (31)

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Robert M. Bashore, Jr. (6)

Kjell H. Christiansen

Edward W. Ditto, III (30)

Kenneth Dollinger (21)

Robert A. Ebersole (5)

Bernard W. D. Fong (26)

Allan B. Gould, Jr.

Louis G. Graff, III (9)

Miles D. Harriger (5)

Oscar G. Hoerner (31)

Eugene E. Kegel (8)

Jerome J. Lebovitz (24)

Millard S. Leute (29)

William F. Lynch (22)

Paul W. McIlvaine

John G. O'Hurley (8)

Joseph H. Sloss (9)

Gabriel Tatarian

Henry S. Trostle (20)

Albert H. Wilkinson, Jr. (28)

George T. Wolff

1953

Class Agents: Joseph J. Armao and Robert Poole

Total class giving:

40 donors totaling \$13,795

29% total class participation

Annual fund class giving:

40 donors totaling \$13,795

CONTRIBUTORS

Harold Y. Allen (30)

Joseph J. Armao (8)

Lloyd W. Bailey

William E. Bittner (26)

Hampton P. Corson (30)

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Walter D. Dalsimer

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Lindsay L. Pratt

V. Watson Pugh (6)

Harold J. Reinhard (19)

Robert J. Rubin (8)

Harold W. Rushton

Joseph W. Simpson

John W. Smith

Richard O. Stader

Donald B. Stein, Jr. (31)

James H. Thomas (28)

Edward West

1954

Class Agent:

Rudolph C. Camishion

Total class giving:

42 donors totaling \$31,000

30% total class participation

Annual fund class giving:

42 donors totaling \$31,000

PRESIDENTS' CLUB

Friends

Jerome I. Cook (7)

Edward M. Podgorski (31)

Alfred P. Spivack (9)

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Earl T. Lewis

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Edward M. Salisbury (7)

Alfred G. Scottolini (28)

Samuel G. Southwick (24)

Charles S. Tippetts, Jr. (31)

Edward Tober (31)

Thornton A. Vandersall (31)

William A. West (10)

Philip Woolcott, Jr.

Andrew J. Zweifler (14)

1955

Class Agent: Herbert E. Cohn

Total class giving:

25 donors totaling \$26,911.10

29% total class participation

Annual fund class giving:

25 donors totaling \$25,911.10

PRESIDENTS' CLUB

Associates

Joseph I. Maguire (30)

Friends

Earl L. Bernstine (5)

Herbert E. Cohn (26)

CONTRIBUTORS

Burton Benovitz

Joseph M. Blackburn (12)

John W. Bloemendaal (6)

Carl W. Boyer, Jr. (31)

Robert A. Brown (28)

Rachmel Cherner

Edward Cornfeld (6)

Eugene A. Curtin (23)

Reginald B. Gemmill (5)

John O. Hewlett (16)

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Ben Kline (30)

William A. Lista (31)

Donald J. Manz (26)

John A. Marchesani (26)

Alfred A. Rosenblatt (25)

Burton Schaffer

J. Donald Schultz (26)

James A. Singleton (12)

John N. Sourbeer

Robert C. Spagnoli

Thomas B. Templeton (21)

1956

Total class giving:

38 donors totaling \$22,980

26% total class participation

Annual fund class giving:

38 donors totaling \$22,980

PRESIDENTS' CLUB

Friends

Hyman R. Kahn (17)

Members

Robert J. Maro, Sr. (23)

Henry L. Yim (30)

CONTRIBUTORS

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Albert Arouh (27)

Richard P. Baker

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Eugene F. Bonacci (30)

Charles L. Brennan, Jr.

Raymond W. Brust, Jr. (31)

Thomas L. Carter

Owen A. Chang (32)

William E. Clendenning (31)

Paul J. Dugan

Irwin R. Fisch

Ernest R. Griffith

Albert H. Grollman (31)

Dale A. Grove

Charles H. Hemminger (28)

John W. Holdcraft (30)

Edward W. Luczynski, Jr. (8)

Wilbert G. Lundgren

Rex G. Mabey (20)

Robert L. Meckelnburg

Anthony F. Merlino (30)

Wallace T. Miller (31)

Hubert R. Nestor

J. E. Nix

Patrick S. Pasquariello

Richard T. Price (24)

Joseph P. Ravin (31)

Divo A. Messori (16)
John S. Mest (27)
Walter R. Morgan (11)
James C. Newton (17)
John R. Prehatny (28)
Morton J. Robinson (19)
C. Theodore Rotz, Jr.
Marvin A. Sackner
Penn P. Shelley (31)
Thomas L. Singley, III (8)
Joseph M. Skutches
Nicholas Spock (7)
James R. Stull
Charles D. Thomas (18)
Joseph A. Totino
Emil S. Trellis (8)
Raymond G. Tronzo
David C. Weibel (15)

1958

Class Agent:
William W. Clements

Total class giving:
44 donors totaling \$14,445
30% total class participation
Annual fund class giving:
44 donors totaling \$14,445

CONTRIBUTORS

Christopher J. Beetel (13)
Paul E. Berkebile (28)
Robert D. Bloemendaal
John H. Bowman (31)
Roger H. Brodtkin (28)
Guy J. Carnabuci (6)
Henry S. Clair (7)
William W. Clements (30)
Malcolm L. Cowen
Jay S. Cox (31)
H. J. Cozzolino
Donald N. Dubrow
John L. Dunn
Mark C. Eisenstein
Richard E. Eshbach
Joseph J. Glorioso
George A. Griggs
Richard J. Hanratty (31)
Jay M. Hughes
Bertram D. Hurowitz (23)
Jay A. Kern (7)
John E. Kostinas
James M. LaBraico
John D. Lane (7)
James W. Montague



Gino Mori (28)
Hilbert E. Oskin
Victor Panitch (19)
Lloyd G. Plummer (5)
Daniel T. Pompey
Donald E. Praiss
David B. Propert
Paul M. Roediger
Gilmore M. Rothrock

Marvin Z. Rotman (31)
Samuel F. Rudolph, Jr. (5)
Robert P. Shillingford
Arnold Singer (15)
Harry D. Snyder
Robert G. Somers (25)
William J. Thomas
Joseph J. Turchi (7)
James M. Walker (31)
William J. Warren

1959

Class Agent:
Lawrence J. Mellon, Jr.
Total class giving:
39 donors totaling \$17,662.85
26% total class participation
Annual fund class giving:
39 donors totaling \$17,662.85

PRESIDENTS' CLUB

Members

Patrick V. Castellano
Frank A. Milani

CONTRIBUTORS

L. R. Altemus
Peter J. Andrews (29)
Nahum M. Balotin
Edward J. Baranski (20)
N. Craig Baumm
Joseph A. Besecker
Kenneth M. Blanc
Harold L. Blumenthal
Stuart B. Brown
Harris R. Clearfield (12)
Marvin C. Daley
Robert V. Davis, Jr. (7)
James R. Delp (8)
Lewis C. Druffner, Jr. (26)
David M. Geetter (31)
Richard W. Godshall
Henry A. Greenawald
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1960

Class Agent: Marvin E. Jaffe
Total class giving:
48 donors totaling \$35,660
32% total class participation
Annual fund class giving:
48 donors totaling \$23,160

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1961

Total class giving:
44 donors totaling \$42,180
28% total class participation
Annual fund class giving:
44 donors totaling \$41,180

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1962

Class Agents: William V. Harrer
and Joseph W. Sokolowski, Jr.
Total class giving:
53 donors totaling \$36,325
39% total class participation
Annual fund class giving:
52 donors totaling \$34,325

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Jerome Rudnitzky
Joseph Snyder (5)
Joseph W. Sokolowski, Jr. (6)
Harvey Steinberg (13)
John W. Tomlinson
Jerome J. Vernick

1963

Class Agent: Ben P. Houser, Jr.
Total class giving:
41 donors totaling \$24,893
30% total class participation
Annual fund class giving:
41 donors totaling \$24,893

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J. Thomas Williams
Melvin Yudis
Robert Zavod (29)



1964

Class Agent: James M. Delaplane

Total class giving:
48 donors totaling \$39,261

32% total class participation

Annual fund class giving:
48 donors totaling \$39,261

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Norman M. Woldorf (31)
Marion K. Yoder
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1965

Class Agent: Richard P. Wenzel

Total class giving:
44 donors totaling \$18,445

29% total class participation

Annual fund class giving:
44 donors totaling \$18,365

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Richard C. Wilson
Phillip H. Winslow
William B. Wood
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1966

Class Agent: Timothy J. Michals

Total class giving:
48 donors totaling \$23,121.37

31% total class participation

Annual fund class giving:
48 donors totaling \$23,121.37

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David W. Vastine
Charles L. Woodruff (10)
Donald W. Yim

1967

Class Agent: Elliot J. Rayfield

Total class giving:
46 donors totaling \$21,832.08

29% total class participation

Annual fund class giving:
46 donors totaling \$21,682.08

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Don C. Weiser
Theodore J. Wilf (12)
David E. Williams

Melvyn A. Wolf (5)
James R. Wong (31)
John A. Yauch
John V. Zeok
Ronald F. Zieziula

1968

Class Agents:
Lawrence V. Hofmann and
Harold A. Yocum

Total class giving:
43 donors totaling \$19,496

28% total class participation

Annual fund class giving:
43 donors totaling \$19,496

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James B. Turchik
Donald G. Urban
Vincent M. Vaccaro (8)
Malcolm S. Weiss
Stephen E. Werner (8)
Harold A. Yocum

1969

Class Agent: M. Dean Kinsey

Total class giving:
52 donors totaling \$51,078.08

31% total class participation

Annual fund class giving:
52 donors totaling \$51,078.08

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Edward B. Yellig
Suzanne S. Zeok (9)

1970

Class Agent: Peter V. Scoles

Total class giving:
59 donors totaling \$49,476.40

36% total class participation

Annual fund class giving:
58 donors totaling \$38,476.40

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1971

Class Agents: James E. Barone and Terrence S. Carden, Jr.

Total class giving:
60 donors totaling \$31,421
33% total class participation
Annual fund class giving:
60 donors totaling \$31,421

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1972

Class Agents: Craig T. Haytmanek and Glenn C. Nye

Total class giving:
68 donors totaling \$34,607
36% total class participation
Annual fund class giving:
67 donors totaling \$32,107

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1973

Class Agent: Ronald L. Souder

Total class giving:
43 donors totaling \$24,905
24% total class participation
Annual fund class giving:
43 donors totaling \$24,905

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1974

Class Agent: Bruce G. Silver

Total class giving:
40 donors totaling \$27,425
21% total class participation
Annual fund class giving:
40 donors totaling \$27,425

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Ronald L. Smoyer
L. Peter Soraruf, IV
Robert J. Wasnick (19)

1975

Class Agent: Robert E. Wall

Total class giving:
52 donors totaling \$39,226
24% total class participation
Annual fund class giving:
52 donors totaling \$39,226

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Nathan Wei

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1976

Class Agent: Larry R. Glazerman

Total class giving:

53 donors totaling \$45,155

25% total class participation

Annual fund class giving:

53 donors totaling \$40,455

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1977

Class Agent:

R. Anthony Carabasi, III

Total class giving:

58 donors totaling \$30,870

28% total class participation

Annual fund class giving:

58 donors totaling \$30,870

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1978

Class Agent: Duncan Salmon

Total class giving:

59 donors totaling \$36,889

26% total class participation

Annual fund class giving:

59 donors totaling \$26,889

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1979

Class Agent: Alan H. Goldberg

Total class giving:

64 donors totaling \$154,185

29% total class participation

Annual fund class giving:

63 donors totaling \$58,930

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1980

Class Agent: Martin J. Carney

Total class giving:

73 donors totaling \$60,927

33% total class participation

Annual fund class giving:

64 donors totaling \$60,767

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1981

Class Agent: John D. Angstadt

Total class giving:

51 donors totaling \$93,357.32

23% total class participation

Annual fund class giving:

50 donors totaling \$53,357.32

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1982

Class Agent: Russell Breish

Total class giving:

56 donors totaling \$48,605.84

25% total class participation

Annual fund class giving:

54 donors totaling \$38,595

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1983

Class Agent: John G. Bertolino

Total class giving:

48 donors totaling \$91,385

23% total class participation

Annual fund class giving:

47 donors totaling \$41,385

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1984

Class Agent: Guy M. Stofman

Total class giving:

61 donors totaling \$55,430

28% total class participation

Annual fund class giving:

60 donors totaling \$35,430

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1985

Class Agent: Nicholas J. Barna

Total class giving:

45 donors totaling \$55,379.96

21% total class participation

Annual fund class giving:

45 donors totaling \$55,219.46

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1987

Class Agent: Maria Scott
Total class giving:
49 donors totaling \$116,714.64
23% total class participation
Annual fund class giving:
47 donors totaling \$43,239.64

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1988

Class Agent: Sharon W. Gould
Total class giving:
53 donors totaling \$25,065
24% total class participation
Annual fund class giving:
53 donors totaling \$24,375

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1989

Class Agents:
Debra Somers Copit
and Raj K. Sinha
Total class giving:
44 donors totaling \$26,700
20% total class participation
Annual fund class giving:
44 donors totaling \$26,700

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1991

Class Agents: John T. Comber,
Una Brewer and Lina P. O'Brien
Total class giving:
34 donors totaling \$14,584.86
16% total class participation
Annual fund class giving:
34 donors totaling \$14,584.86

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1992

Class Agent: Maria Pharr
Total class giving:
41 donors totaling \$12,555
19% total class participation
Annual fund class giving:
41 donors totaling \$12,555

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Jay J. Pillai

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1993

Class Agents: Joseph A. Iocono,
Jeffrey J. Miller and
Sharon B. Mass
Total class giving:
43 donors totaling \$55,295
20% total class participation
Annual fund class giving:
42 donors totaling \$35,295

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1994

Class Agents: Suken A. Shah
and Jamie R. McElrath Schwartz

Total class giving:
43 donors totaling \$29,405
20% total class participation
Annual fund class giving:
35 donors totaling \$25,105

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1995

Class Agent: James S. Harrop, Jr.

Total class giving:
40 donors totaling \$12,991
18% total class participation
Annual fund class giving:
40 donors totaling \$12,491

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1996

Class Agents: Nicholas LoPresti

Total class giving:
36 donors totaling \$40,880
15% total class participation
Annual fund class giving:
35 donors totaling \$10,880

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1997

Class Agent: Michael J. Pellini

Total class giving:
29 donors totaling \$19,048.24
13% total class participation
Annual fund class giving:
29 donors totaling \$19,048.24

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1998

Class Agents:
Cecelia Schmalbach
and Richard S. Lee

Total class giving:
31 donors totaling \$22,016
13% total class participation
Annual fund class giving:
30 donors totaling \$12,016

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1999

Class Agent: Jay S. Jenoff

Total class giving:
30 donors totaling \$7,140
13% total class participation
Annual fund class giving:
30 donors totaling \$7,140

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2000

Class Agent: Tara J. Berman

Total class giving:
41 donors totaling \$13,240
19% total class participation
Annual fund class giving:
41 donors totaling \$13,240

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2001

Class Agents: Jennifer M. King and Matthew R. Craig

Total class giving:
35 donors totaling \$12,995
16% total class participation
Annual fund class giving:
35 donors totaling \$12,995

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Fan Xi

2002

Class Agent: Michael Ciminiello

Total class giving:
35 donors totaling \$11,965
15% total class participation
Annual fund class giving:
34 donors totaling \$11,710

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2003

Class Agent:
Matthew D. Eichenbaum
Total class giving:
22 donors totaling \$3,530
10% total class participation
Annual fund class giving:
22 donors totaling \$3,530

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Lisa A. West

2004

Class Agent: Tiffany Otto Knipe

Total class giving:
21 donors totaling \$2,450
9% total class participation
Annual fund class giving:
21 donors totaling \$2,450

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2005

Class Agent: David W. Dougherty
Total class giving:
24 donors totaling \$4,518
10% total class participation
Annual fund class giving:
23 donors totaling \$4,506

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2006

Class Agent: Peter M. Fleischut

Total class giving:
11 donors totaling \$2,626
5% total class participation
Annual fund class giving:
11 donors totaling \$2,615

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2007

Class Agent: Runa S. Gokhale
Total class giving:
13 donors totaling \$1,034
6% total class participation
Annual fund class giving:
12 donors totaling \$914

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2008

Class Agent:
Christopher Yingling
Total class giving:
12 donors totaling \$1,235
5% total class participation
Annual fund class giving:
12 donors totaling \$1,235

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2009

Class Agent: John P. Dahl

Total class giving:
11 donors totaling \$465
4% total class participation
Annual fund class giving:
11 donors totaling \$465

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2010

Class Agent: Mark J. DeCaro

Total class giving:
20 donors totaling \$1,215
8% total class participation
Annual fund class giving:
20 donors totaling \$1,215

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2011

Class Agents: Jordan P. Bloom

Total class giving:
251 donors totaling \$2,114
*100% total class participation through Robert and Lillian Brent Alumni Giving Incentive Fund
Annual fund class giving:
251 donors totaling \$1,895

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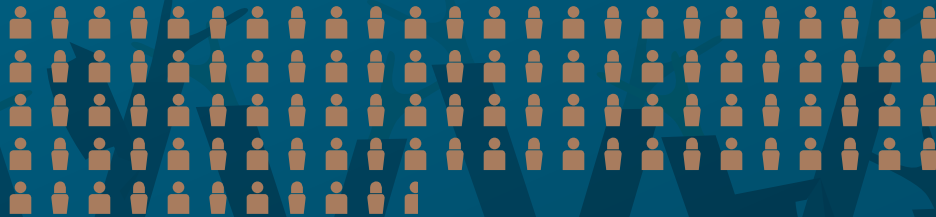
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By^{THE}Numbers

Class of 2016: At a Glance

The newest JMC students hail from a broad range of backgrounds, with many pursuing medicine after working in other fields. The Class of 2016 includes a former Washington Redskins football player, a butcher, an independent documentary film maker and a hula dancer. JMC also welcomed a set of identical twin sisters — the only twin medical students on campus since twin brothers graduated last spring.

Students applied: **10,684**



Students accepted: **467**



Students enrolled: **260**



Average MCATS: **32**
(10/11/11)



Average GPA: **3.7**



Gender breakdown: **50-50**



Age range: **20-31**

U.S. states represented: **29**

Countries outside U.S. represented: **6**



Students from the tri-state area:

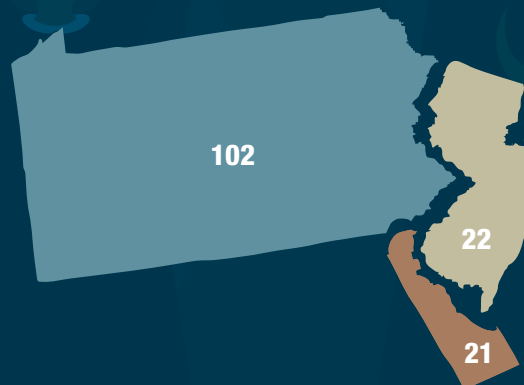
Pennsylvania - 102

New Jersey - 22

Delaware - 21

Number enrolled through the DIMER (Delaware) program: **21**

Number in the Penn State BS/MD program: **22**





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